Race Differences in Psychopathic Personality: *An Evolutionary Analysis*

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Chapter 1 Introduction

The starting point for this inquiry into racial and ethnic differences in psychopathic personality disorder is a problem raised by Herrnstein and Murray (1994) in their book *The Bell Curve* in which they showed that racial and ethnic differences in a number of social problems in the United States including crime, poverty, long-term unemployment, teenage pregnancy, welfare dependency and out of wedlock births can be partly explained by differences in intelligence. They reported that blacks have the lowest intelligence and the highest rates of these phenomena, followed by Hispanics, while whites have the highest intelligence and the lowest rates of these phenomena. However, they also found that the racial and ethnic differences in these social pathologies cannot be fully explained by differences in intelligence and therefore concluded that some other factor or factors must also be involved. They wrote that "Some ethnic differences are not washed away by controlling for either intelligence or for any other variables that we examined. We leave those remaining differences unexplained and look forward to learning from our colleagues where the explanations lie" (p. 340).

In 2002 I took up this invitation and proposed that a component in the solution to this problem

lies in racial and ethnic differences in psychopathic personality, such that this is highest among blacks and Native Americans, next highest in Hispanics, lower in whites and lowest in Asians and Orientals. This theory attracted no attention and has been ignored in texts on this issue such as *Violent Crime: Assessing Race and Ethnic Differences* (Hawkins, 2003), *The Oxford Handbook of Impulse Control Disorders* (Grant & Potenza, 2012) and *Handbook on Psychopathy and Law* (Kiehl & Sinnott-Armstrong, 2013). Hence, in this book I present a fuller case for the theory that there are racial and ethnic differences in psychopathic personality. We examine this hypothesis for the United States in Chapter 2, and in subsequent chapters for Canada, Europe, Africa, Northeast Asia, South Asia, Latin America and the Caribbean, Australia, New Zealand, the Pacific Islands and among the Inuit. We conclude with an examination of the neurology, genetics and evolution of racial and ethnic differences in psychopathic personality.

1. Definition of Psychopathic Personality

The condition now known as psychopathic personality was identified in the early nineteenth century by the French physician Philippe Pinel (1801) who described patients who had "a lack of restraint and whose behavior was marked by a complete remorselessness of their actions" (Perez, 2012, p.519). Three decades later, the British physician John Pritchard (1835) proposed the term ''moral imbecility'' for those deficient in moral sense but whose intellectual ability was unimpaired. In 1904 the German psychiatrist Emile Kraepelin (1904) introduced the term psychopathic personality to describe the condition and this has been employed as a diagnostic label throughout the twentieth century and into the twenty-first. In 1941 the condition was described by Cleckley (1941, 1976) in his classic book *The Mask of Sanity*. He described the criteria for the condition as being a "general poverty of affect", defective insight, absence of nervousness and anxiety, lack of remorse or shame, superficial charm, pathological lying, egocentricity, inability to love, failure to establish close or intimate relationships, irresponsibility, impulsive psychopathic acts, failure to learn from experience, reckless behavior under the influence of alcohol, and a lack of long term goals.

In 1984 the American Psychiatric Association dropped the term psychopathic personality and replaced it with "antisocial personality disorder". Some authorities such as Lykken (1995) regard this as simply a synonym for psychopathic personality. Others, such as Hare (1994), consider that there is some difference between the two concepts and that antisocial personality personality disorder is a less satisfactory term because it fails to give sufficient emphasis to the psychological features as opposed to the behavioral characteristics of the condition. Despite these fine distinctions, for practical purposes antisocial personality personality disorder and psychopathic personality can be regarded as largely synonymous descriptions of the same condition and are treated as such in this

book. The term sociopathy has been used by Lykken (1995) to describe psychopathic behavior that has largely environmental origins in poor socialisation, while psychopathy has a largely genetic origin, but behaviorally sociopathy and psychopathy are indistinguishable and are treated as synonymous with psychopathic personality. The term "borderline personality disorder" is also used sometimes to designate a milder form of the condition or sometimes to designate a condition with high emotional reactivity in contrast to the low emotional reactivity typical of psychopathic personality (Chabrol, Valls, van Leeuwen & Bui, 2012).

In 1994 the American Psychiatric Association (1994) issued a revised Diagnostic Manual in which it listed 11 features of psychopathic personality disorder. These are: (1) inability to sustain consistent work behavior; (2) failure to conform to social norms with respect to lawful behavior; (3) irritability and aggressivity, as indicated by frequent physical fights and assaults; (4) repeated failure to honor financial obligations; (5) failure to plan ahead or impulsivity; (6) no regard for truth, as indicated by repeated lying, use of aliases, or ''conning'' others (an association between psychopathy and self-reportd lying has been reported by Giammarco, Atkinson, Baughman, Veselka & Vernon, 2013); (7) recklessness regarding one's own or others' personal safety, as indicated by driving while intoxicated or recurrent speeding; (8) inability to function as a responsible parent; (9) failure to sustain a monogamous relationship for more than one year; (10) lacking remorse; and (11) the presence of conduct disorder in childhood. This is a useful list of the principal constituents of the condition, subject to the reservation that it does not explicitly include the deficiency of moral sense although this is implicit in virtually all the listed behaviors. The American Psychiatric Association (2000) issued a further revision dividing psychopathic personality disorder into three clusters designated (A) odd or eccentric; (B) dramatic, emotional or erratic; and (C) anxious or fearful. It also proposed the concept of borderline personality disorder as a milder form of antisocial personality disorder and characterised by "a pervasive pattern of instability in emotional regulation, impulse control, interpersonal relationships and self-image". Those with borderline personality disorder are weak on emotional intelligence (Sinclair & Feigenbaum, 2012). Despite the replacement of the concept of psychopathic personality with that of **psychopathic personality disorder** by the American Psychiatric Association, many psychiatrists and psychologists regard the term psychopathic personality as preferable and continue to use it.

Psychopathic personality is not a discete condition but the extreme expression of a personality trait that is present in greater or lesser degrees throughout the population. Thus, "despite the media's portrayal and the general public's conception of the psychopath as seemingly inhuman and fundamentally unlike most people, the empirical evidence from large-scale studies suggests that psychopathic traits are continuously distributed, present in samples from the community and the corporate world, and linked to common genetic factors" (Neumann, Schmitt, Carter, Embley &

Hare, 2012). Psychopathic personality/anti-social personality disorder is most commonly measured by Hare's Psychopathy Checklist, a twenty item rating scale of expressions of psychopathic personality that gives a score for the strength of the condition (Hare, 2003). Community studies have found that psychopathic traits are associated with high levels of violence and alcohol use (Neumann & Hare, 2008), criminal offenses and other externalizing psychopathology (Neumann & Pardini, 2014), and to morally problematic corporate behavior (Babiak et al., 2010).

2. Subfactors of Psychopathic Personality

Psychopathic personality is a general factor that has been divided into two or more subfactors. In the analyses by Robert Hare and his colleagues, psychopathic personality has been found to contain two correlated subfactors. Factor 1 is designated "emotional-interpersonal" and consists of glibness, superficial charm, grandiose sense of self-worth, pathological lying, conning and manipulative behaviour, lack of remorse or guilt, shallow affect, callousness, lack of empathy, failure to accept responsibility for actions, and the selfish and remorseless use of others. Factor 2 is designated "social deviance" and consists of a syndrome of socially deviant and psychopathic behaviors comprising the need for stimulation, proneness to boredom, parasitic lifestyle, poor control of behavior, early behaviour problems, lack of realistic long-term goals, impulsivity, irresponsibility and juvenile delinquency (Harpur, Hare & Hakstian, 1989; Hare, 1991, 1994; Harpur, Hart & Hare, 1994). These two facrors are found in factor analyses of the 20 item Psychopathic Checklist, which also contains promiscuous sexual behaviour and criminality that are associated about equally with both these factors. The two factors are positively correlated at 0.39 showing the presence of a single general factor (Akhtar, Ahmetoglu & Chamarro-Premuzic, 2013). The same two positively correlated factors have been identified in Poland by Debowska, Boduszek, Kola & Hyland (2014).

Cooke & Michie (2001) have proposed a three-factor model of psychopathic personality that splits the items associated with Factor 1 into affective ("affectively deficient") and interpersonal ("arrogant and deceitful") factors and eliminated several items associated with Factor 2, based on findings that they were poor indicators of psychopathic personality, to create a new behavioral factor ("impulsive and irresponsible lifestyle"). They claimed that the three-factor model fits data better on correctional and psychiatric samples than does the two-factor model. In a more recent analysus, Hare (2003) has proposed a four-factor model of psychopathy consisting of interpersonal, affective, lifestyle and psychopathic traits and further support for the four-factor model has been presented by Neumann (2007) and Hare & Neumann (2008}. However, Hare (2003) has noted that his four factors are correlated and "provide a viable representation of the larger psychopathy construct".

3. Conduct Disorder

The concept of psychopathic personality is normally not used for children or young adolescents up to the age of around 15 years. Children and young adolescents manifesting psychopathic behaviors are instead identified as having conduct disorders. The principal criteria set out by the American Psychiatric Association (1994) for a diagnosis of conduct disorder are persistent stealing, lying, truancy, running away from home, fighting, bullying, arson, burglary, vandalism, sexual precocity and cruelty. Childhood conduct disorder is therefore similar to psychopathic personality in older adolescents and adults. A diagnosis of psychopathic personality is not normally made without evidence of conduct disorder in childhood. A number of studies have shown that conduct disorder in children is a frequent precursor of psychopathic personality in later adolescence and adulthood (e.g. Bernstein, Cohen, Skodal, Bezirganian & Brook, 1996; Loeber, 1990; Mealy, 1995).

It is estimated that conduct disorder has a prevalence of 9 percent in young males under the age of 18 in the United States (Farrington, 1991). Thus, conduct disorder in children is more common than psychopathic personality, so not all children with conduct disorder mature into psychopathic personalities. A study in Britain has reported that 40 percent of boys and 35 percent of girls with conduct disorder developed antisocial personality disorder as adults (Zoccolillo, Pickles, Quinton & Rutter, 1992).

Conduct disorder is most generally assessed by rating scales of which the most widely used are the Child Behavior Checklist (CBCL) constructed by Achenbach (1992) and the Teachers Rating Scale (TRS) constructed by Conners (1989). These rating scales consist of a number of the expressions of conduct disorder and the teacher, some other professional or the parent, identifies those manifested by the child being assessed. The ratings are summed to give a score.

4. Prevalence of Psychopathic Personality

The prevalence of psychopathic personality varies with age. As noted above, it is estimated that conduct disorder, the precursor of psychopathic personality in children, has a prevalence of 9 percent in young males under the age of 18 in the United States. Bernstein, Cohen, Velez et al. (1993) carried out a study of the prevalence of personality disorders over a 2-year period in adolesecents aged from 9 to 19 years. They reported that the prevalence of personality disorders peaked at age 12 in boys and at age 13 in girls and declined thereafter. Moffit (1993) has reported that conduct disorder and psychopathic personality increase from the age of 7 to 17 years and then decline from the age of 17 to 50 years to around 2 to 3.5 percent. A review of a number of studies of the prevalence of psychopathic personality disorders among older adults in the United States by Torgersen, Kringlen & Cramer (2001) concluded that in the white population there is a rate of 0.7

percent and a further 0.7 percent of borderline personality disorder. A more recent review by Cartwright (2012) concluded that borderline personality disorder has a prevalence rate of approximately 2 percent in the general population.

5. Sex Differences in Psychopathic Personality

It has invariably been found that more males than females are psychopathic. Studies of lifetime prevalence rates showing this in a number of countries are summarised in Table 1.1. A study of borderline personality reports a male-female ratio of 3:1 (Compton et al., 2005).

Table 1.1. Sex differences in psychopathic personality (percentages)

Country	Males	Females	Reference
Canada	6.5	0.8	Bland et al., 1988
Hong Kong	2.8	0.5	Chen et al., 1993
New Zealand	4.2	0.5	Wells et al., 1989
South Korea	3.5	0.8	Lee et al., 1990
USA	4.5	0.8	Robins et al., 1991
USA	6.2	2.4	Samuels et al. 2002

Studies showing that males obtain higher scores than females on measures of psychopathic characteristics among children and adolescents are summarised in Table 1.2. Row 1 gives results for externalizing behavior for 5-18 year olds in Hawaii. Rows 2 and 3 give results for callous-unemotional and psychopathic behaviors from a study of the Youth Psychopathic Traits Inventory in a sample of 972 French 17 year old school students.

Table 1.2. Sex differences in psychopathic personality (*d*s)

	Age	Trait	Males	Females	*d*	References
1	5-18	Externalizing behavior	15.1 (16.4)	9.0 (12.4)	.42	Loo & rapport, 1998
2	17	Callous-unemotional	32.7 (5.6)	30.3 (5.0)	.45	Chabrol et al, 2012
3	17	Psychopathic behavior	12.0 (10.7)	6.3 (6.5)	.66	Chabrol et al, 2012

6. Psychopathic Personality and Intelligence

Evidence is mixed on the relationship between psychopathic personality and intelligence. Harpur, Hare & Hakstian (1989) obtained a near zero correlation between Factor 1 of the Psychopathy Checklist–Revised (PCL–R) and IQ (r =.04) and a negligible negative correlation between Factor 2 and IQ (r =-.15). Others who have reported no significant relationship between intelligence and psychopathy include Dahlstrom et al. (1986, p. 243), Hart, Forth & Hare (1990), Gladden, Figueredo & Jacobs (2008) and Allen et al. (2013). On the other hand, it has been known for some decades that criminals have below average intelligence. Thirty years ago Wilson & Herrnstein (1985, p. 159) wrote that "for four decades large bodies of evidence have consistently shown about a ten-point IQ gap between the average offender and nonoffender in Great Britain and in the United

States". More recently, Clarizio (1997) has summarized several studies reporting below average IQs in children with conduct disorders, delinquents and adult psychopaths.

Chapter 3 United States

1. Prevalence of Psychopathic Personality

Studies of race differences in the prevalence of psychopathic personality in the population are summarised Table 2.1.

Table 2.1. Race differences in the prevalence of psychopathic personality (percentages)

	Asian	Black	Hisp-anic	Native American	White	Reference
1	-	3.7	-	-	2.7	Malzberg, 1944
2		11.0	-	-	3.0	Tracy et al., 1990
3	-	.29	-	-	.00	Morey, 1991
4	-	25.6	-	-	18.1	Compton et al., 2000
5	10.1	16.6	14.0	24.1	14.6	Huang et al., 2006

Row 1 gives the results of an early study of admissions to all psychiatric institutions in New York State in 1929-1931 showing a higher percentage of blacks than of whites diagnosed with psychopathic personality. Row 2 gives the results of a study of a 1958 birth cohort of boys in Philadelphia giving the percentages that became chronic recidivists 3.7 times greater among blacks than among whites. Row 3 gives the results of a study of the Psychopathic Features scale of the Personality Assessment Inventory on a normative sample of 851 white and 117 black community residents from twelve states. Blacks obtained a higher score than whites of 2.9 *T*-score points, i.e.an effect size difference of .29. These data were obtained from self-reports of psychopathic behavior which likely give underestimates of the true difference. Row 4 gives the results of psychopathic personality in a sample with drug dependence showing a higher rate of disorder among blacks than among whites. Row 5 gives the results of a large community study of personality disorders that includes drug addiction as well as psychopathic disorders and shows the highest rate among Native Americans followed by blacks, whites, Hispanics and the lowest rate among Asians.

These results are inconsistent with two epidemiological studies that reported no significant differences in the percentages of blacks, Hispanics and whites with lifetime prevalence of psychopathic personality. These are the Environmental Catchment Area study (Robins & Regier, 1991) and the National Comorbidity Study (Kessler, McGonagle, Zao et al, 1994). The most probable explanation for these anomalous results is that they were obtained from interviewers who asked respondents whether they had ever committed a number of criminal and psychopathic acts. In these interviews it is likely that many respondents did not disclose the full extent of their criminal and psychopathic behavior. This is particularly the case with psychopaths, for whom "no regard for

the truth" is a central characteristic. It has been found in two studies that blacks have approximately the same rate of self-reported crime as whites, although records show that that their crime rates are considerably higher (Hindelang, Hirshi & Weis, 1981). The first of these was the Richmond Youth Project in which black and white youths were interviewed and asked about their criminal activities. The black-white ratio for self-reported criminal offences was a negligible 1.1: 1.0, but the actual ratio obtained from police records was 2.0: 1.0. In the second study (the Seattle Project) the black-white ratio for self-reported criminal offences was 0.95:1.0, while the police records showed that the actual ratio was 1.6: 1.0. The authors conclude that "blacks failed to report known official offenses at a much higher rate than whites" (p. 180). The same conclusion has been reached by Huizinger & Elliott (1984). The lesson to be drawn from these studies is that race differences in self-reported psychopathic behavior need to be treated with scepticism and more reliance placed on objective behavior such as rates of crime, exclusions from school, unstable marital relationships and many others documented later in this and subsequent chapters.

2. The MMPI Psychopathic Deviate Scale

A number of studies of race differences in the prevalence of psychopathic personality have been carried out using the Minnesota Multiphasic Personality Inventory (MMPI). This questionnaire was constructed in the late 1930s by Hathaway & McKinley (1940) and is the most widely used instrument for the assessment of abnormal personality in the world (Pace et al., 2006). It consists of a series of scales for the measurement of psychiatric conditions regarded as continuously distributed in the population, such as hysteria, mania, depression and psychopathic personality. The scale for the measurement of psychopathic personality is the Psychopathic Deviate Scale. This was constructed by writing a number of questions, giving them to criterion groups of those manifesting psychopathic behavior and ''normals'', and selecting for the scale the questions best differentiating the two groups. The criterion group manifesting psychopathic behavior consisted of 17–24 year olds appearing before the courts and referred for psychiatric examination because of their "long histories of delinquent type behaviors such as stealing, lying, alcohol abuse, promiscuity, forgery and truancy" (Archer, 1997, p. 20). The common feature of this group has been described as their failure to ''learn those anticipatory anxieties which operate to deter most people from committing psychopathic behavior''(Marks, Seeman & Haller, 1974, p. 25). The manual describes those scoring high on the scale as irresponsible, psychopathic, aggressive, having recurrent marital and work problems, and underachieving (Hathaway & McKinley, 1989). A number of studies have shown that the Psychopathic Deviate scale differentiates delinquents and criminals from non-delinquents and non-criminals (e.g. Elion & Megargee,1975).

During the seventy or so years following its publication the MMPI has been administered to

numerous groups. Normative data for the means obtained in the United States by “normal” (i.e. non-psychiatric) samples of Asians, blacks, whites, Hispanics and Native Americans on the Psychopathic Deviate scale of the MMPI are summarised in Table 2.2. These are calculated as *d* scores (differences expressed in standard deviation units) in relation to a white value of zero, positive signs indicating scores higher than those of whites and negative signs indicating signs lower than those of whites.

Row 1 shows that blacks and Native Americans obtain higher means than whites on the scale by 0.29*d* and 0.44*d*, respectively. Hispanics obtain the same mean as whites, while Asians (Japanese Americans) obtain a lower mean (-0.31*d*). Row 2 gives results from the standardization sample of the MMPI-2, a revision of the test standardized in the 1980s (Hathaway & McKinley, 1989). The standardisation sample numbered 2,500 and was selected to match the national population of the United States in terms of geographical location, age, educational level, socio-economic status, earnings, marital status and ethnicity. Of the 54 questions in the Psychopathic Deviate scale of the original test, four were replaced in the MMPI-2. The manual provides means and standard deviations for whites, blacks, Asians, Native Americans and Hispanics. No details are given regarding the national or ethnic origins of the Asian group. The means of the five groups have been converted to *d* scores in relation to a white zero and combined males and females, in the same way as for the original MMPI. The results are consistent with those of the original MMPI in so far as blacks and Native Americans obtained higher mean scores than whites, while Asians obtained lower scores. The result for Hispanics is inconsisent in so far as they obtained a substantially higher mean than whites in the MMPI-2 standardization sample but the same mean as whites in the original MMPI. Rows 3 and 4 give results from a sample of 292 male and female blacks and 292 male and female whites for the MMPI-2 showing that in both sexes blacks had higher scores by .33*d*. Row 5 gives results for 48 black and 68 white male college students for the MMPI-2 showing that blacks had a higher score by .32*d*. . Row 6 gives results for 58 black and 64 white female college students for the MMPI-2 showing that blacks had a higher score by .17*d*. Row 7 gives results for the MMPI-A published in 1992 as a version of the test designed for adolescents. Normative data are given for blacks, whites and “others”, entered as Hispanics because these are by far the largest other ethnic group. It will be seen that blacks and Hispanics score about a third of a standard deviation higher than whites. Row 8 gives results from the MMPI-A for Hispanics and whites again showing that Hispanics score higher than whites. Rows 9 and 10 give results from a sample of 159 black and 1233 white male and female psychiatric patients for the MMPI-2 showing that males and females blacks had higher scores than whites by .35*d* and .32*d*, respectively. Row 11 gives results for the MMPI-2 for 832 Native Americans showing that they score higher than whites by .57*d*. Row 12 gives results from a further sample (n=171) for the MMPI-2 for Native Americans confirming that

they score higher than whites by .57*d*.

Table 2.2. Race differences (*d*) on the Psychopathic deviate scale of the MMP1 and MMPI-2

	Asian	Black	Hisp-anic	Native American	White	Reference
1	-.31	.29	.00	.44	.00	Dahlstrom et al., 1986
2	-.18	.48	.70	.74	.00	Hathaway & McKinley, 1989
3	-	.33	-	-	.00	Timbruck & Graham, 1994
4	-	.33	-	-	.00	Timbruck & Graham, 1994
5	-	.32	-	-	.00	Goldman et al., 1995
6	-	.17	-	-	.00	Goldman et al., 1995
7	-	.33	.36	-	.00	Archer, 1997
8	-	-	.16	-	.00	Nagy et al., 1997
9	-	.35	-	-	.00	Arbisi et al., 2002
10	-	.32	-	-	.00	Arbisi et al., 2002
11	-	-	-	.57	.00	Robin et al., 2003
12	-	-	-	.53	.00	Pace et al., 2006

Zuckerman (2003, p.1465) has objected to the data on the race differences shown in Table 2.2 on the grounds that "It is only when the Psychopathic deviate scale is high and accompanied by a peak on the Hypomania scale that the results can be interpreted as indicative of a psychopathic personality". To examine this objection,
race differences on the Hypomania scale of the MMPI and MMPI2 are shown in Table 2.3. It will be seen that blacks, Hispanics and Native Americans all score considerably higher than whites, while in three of the four entries East Asians score a little lower than whites.

Table 2.3. Race differences (*d*) on the Hypomania scale of the MMP1 and MMPI-2

	Test	Sex	Black	East Asian	His-panic	Native American	White	Reference
1	MMPI	M	.47	.13	.62	-	.00	Dahlstrom et al., 1986
2	MMPI	F	.39	-.16	.62	-	.00	Dahlstrom et al., 1986
3	MMPI-2	M	.40	-.14	.28	.47	.00	Hathaway & McKinley, 1989
4	MMPI-2	F	.50	-.07	.44	.95	.00	Hathaway & McKinley, 1989
5	MMPI-2	M	.36	-	-	-	.00	Timbruck & Graham, 1994
6	MMPI-2	F	.31	-	-	-	.00	Timbruck & Graham, 1994
7	MMPI-2	M	.57	-	-	-	.00	Arbisi et al., 2002
8	MMPI-2	F	.59	-	-	-	.00	Arbisi et al., 2002
9	MMPI-2	M/F	-	-	-	.56	.00	Robin et al., 200

3. Conduct Disorders

Studies reporting race differences in conduct disorers are summarised in Table 2.4. The results of the first five studies have been calculated as *d* scores (standard deviation units) in relation to whites set at zero. Row 1 presents data for blacks and whites from a study of 1,027 children in North Carolina assessed for conduct disorders by teachers and shows mean scores about half a standard deviation higher in blacks as compared with whites. Rows 2 to 4 present further data from

various locations in continental United States in which conduct disorders were assessed by teachers. Row 5 gives results for oppositional defiant disorder assessed by teachers showing this is higher in blacks and Hispanics than in whites. Row 6 gives results from a study of disruptive disorder among 18 year olds expressed as the odds ratio showing a higher rate in blacks than in whites.

Table 2.4. Race differences in conduct disorders (*d; OR*)

	Asian	Black	His-Panic	Native American	White	Reference
1	-	.53	-	-	.00	Epstein et al., 1998
2	-1.12	.49	-	-	.00	Feng & Cartledge, 1996
3	-	-	-	.35	.00	Dion et al., 1998
4	-.56	-	-	-	.00	Chang et al., 1995
5	-	.59	.28	-	.00	Arnold et al., 2003
6	-	1.48	-	-	1.0	Cuffe et al, 2005

A number of studies have reported race differences in conduct disorders as percentages of populations and these are summarised in Table 2.5. Row 1 shows the percentage of conduct disorder lowest in Asians, a little higher in whites, and substantially higher in blacks and Hispanics. Row 2 shows a high percentage of conduct disorder in Native Americans. Row 3 gives the results of a study of 4,347 16 year olds in California and Oregon who reported on their own ‘‘deviant behaviors’’ consisting of cheating on a test, truancy, being sent out of class and stealing. The results show greater deviance among blacks than among whites and Asians. The high percentages for all groups indicate that the criterion for deviance was more relaxed than for conduct disorders than in other studies. Rows 4 and 5 give data from a 2009 study of 18,819 teenage school students who reported whether they had truanted from school for one to three days or four plus days during the last month and shows the highest rate in Hispanics followed by blacks and the lowest rate in whites. Row 6 gives the results of a national study of 21,260 6, 8 and 10 year olds and shows the percentage of conduct disorder lowest in Asians, highest in blacks and intermediate in Hispanics and whites. Row 7 gives the results of a study of race differences in conduct disorders as odds ratios (ORs) with the percentages of conduct disorders of whites set at 1.0 and shows that black children had 1.6 times the conduct disorder rate of whites, while Hispanics had the same rate as whites.

Table 2.5. Race differences in conduct disorders (percentages, ORs)

	Asian	Black	His-panic	Native American	White	Reference
1	3.0	5.9	8.0	-	3.4	Miller et al., 1995
2	-	-	-	17	-	Kunitz at al., 1995
3	37	51	52	-	39	Ellikson & Morton, 1999
4	-	9.1	12.2	-	8.7	Vaughn et al., 2013
5	-	1.8	2.7	-	1.4	Vaughn et al., 2013
6	0.8	1.9	1.6	-	1.6	Bates, 2013
7	-	1.6	1.0	-	1.0	McDermott & Spencer,1997

The prevalence of conduct disorder is also expressed in the extent to which youths get into fights. Studies of this are summarised in Table 2.6 and show the highest percentages in blacks and the lowest in whites, with Hispanics intermediate. Row 3 gives the results of self-reported violent attacks in the NLSY 1997 sample average age 17 showing a significantly higher rate in blacks.

Table 2.6. Race differences in conduct disorders in children (percentages)

	Black	Cuban	His-panic	Puerto Rican	White	Reference
1	45	-	40	-	32	CDC, 2008
2	54	49	50	48	38	Estrada-Martínez et al., 2013
3	.55	-	-	-	.38	McNulty et al., 2013

A further expression of conduct disorder is juvenile delinquency. Studies of this are summarised in Table 2.7. The results are presented as odds ratios giving the numbers of blacks to one white. Rows 1 and 2 show that in the 1960s the ratio of blacks to whites for criminal convictions for boys was 8.1:1, while for girls the ratio of blacks to whites was 14.1:1. Rows 3 and 4 show similar ratios for institutionalization for criminal offenses. Row 5 gives the results of studies showing a black-white ratio of 4.8:1 for police contacts arising from delinquent behavior. Row 6 gives the results of studies showing a black-white ratio of 3.9:1 for imprisonment rates for juvenile crime for 1997-2006 institutions.

Table 2.7. Race differences in delinquency expressed as odds rations

	Offence	Sex	Black	White	Reference
1	Conviction	M	8.1	1.0	Gold,1966
2	Conviction	F	14.1	1.0	Gold,1966
3	Institutionalization	M	9.8	1.0	Gold,1966
4	Institutionalization	F	13.9	1.0	Gold,1966
5	5+ Police contacts	M	4.8	1.0	Hindelang et al., 1981
6	Imprisonment	MF	3.9	1.0	Davis & Sorensen, 2013

4. School Suspensions and Exclusions

Children with conduct disorders are sometimes suspended or expelled from schools because of their constant mis-behavior. The principal reasons for suspensions and expulsions are “disobedience in various forms - constantly refusing to comply with school rules, verbal abuse or insolence to teachers” (Gillborn & Gipps, 1996, p. 53).

Racial and ethnic differences in suspensions and exclusions as further measures of conduct disorders are given in Tables 2.8 and 2.9. Table 2.8 gives race differences in school suspensions and expulsions expressed as percentages of school populations. In the first of these studies, Backman (1970) reported that blacks were 2.5 times more suspended and excluded than whites. Rows 2, 3

and 4 give three further studies confirming this result. Row 5 gives the largest of these studies reporting the results collected in 1999 for 1.8 million school children drawn from public schools in Chicago, San Francisco, Durham NC, Denver, Austin TX, Boston, Los Angeles, Miami, Missoula, Providence, and Salem OR. Results for the five major racial and ethnic groups showed the greatest suspension and exclusion rate for blacks (12.8%), followed in descending order by Native Americans (11.0%), Hispanics (9.5%), whites (8.4%), and East Asians (3.2%). Rows 6 and 7 give suspension rates in 2009-2010 of K-12 students (18 year olds) for boys and girls nationwide. Row 8 shows results for the percentages of blacks and whites aged 4 through 15 who had ever been suspended from school and show the percentage of blacks 3.8 times higher than that of whites. The authors show that these differnces are explained by differences in problem behaviors and not by teacher discrimination. Taken as a whole, the studies show the highest rates of school suspensions and exclusions among blacks, followed by Native Americans, whites and the lowest rates among Asians.

Table 2.8. Race differences in school suspensions and exclusions (percentages)

	Asian	Black	His-panic	Native American	White	Reference
1	-	32.1	-	-	12.8	Backman, 1970
2	-	22.2	-	-	7.6	Elliott et al., 1980
3	-	12.8	-	-	4.1	Children's Defence Fund, 1985
4	-	19.6	-	-	3.7	Munsch & Wampler, 1993
5	3.2	12.8	9.5	11.0	8.4	Gordon et al., 2000
6	3.0	20.0	9.0	12.0	7.0	US Dept Education, 2011
7	1.0	11.0	4.0	6.0	3.0	US Dept Education, 2011
8	-	31	-	-	11	Wright et al., 2014

Race differences in school suspensions and exclusions expressed as odds ratios in which the rate for whites is set at 1.0 are given in Table 2.9.

Table 2.9. Race differences in school suspensions and exclusions (odds ratios)

	Black	His-panic	Native American	White	Reference
1	3.50	-	1.52	1.0	Bickel & Qualls, 1980
2	2.84	1.23	1.98	1.0	APA, 2008
3	2.47	1.50	-	1.0	APA, 2008

Row 1 shows blacks 3.5 have times the rate of school suspension and exclusion than whites, confirming results given in Table 2.8. Rows 2 and 3 give results from a Task Force set up in 2004 by the American Psychological Association (APA) to examine these racial differences in school suspensions and exclusions, focussing on whether "zero tolerance" attempts to reduce these have been successful, and also to consider the explanation for the race differences. The Task Force reported its conclusions in 2008 (APA Zero Tolerance Task Force, 2008). It documented new

evidence for race differences in school suspensions and exclusions for the school year 2002-2003 and these are given in rows 2 and 3 of Table 2.9. Row 2 gives results for suspensions and shows that blacks had the highest rate at 2.84 times that of whites, Native Americans were next at 1.52 times, while Hispanics were 1.23 times more suspended than whites. Row 3 gives results for exclusions and shows that blacks had the highest rate at 2.47 times that of whites, while Hispanics were 1.50 times more than whites. These studies provide further confirmation of the highest rates of school suspensions and exclusions for blacks, followed by Native Americans and Hispanics, and the lowest rates for whites.

The APS Task Force report considered the reason for these race differences and concluded that "there are no data supporting the assumption that African American students exhibit higher rates of disruption or violence that would warrant higher rates of discipline. Rather, African American students may be disciplined more severely for less serious or more subjective reasons…the disproportionate discipline of students of color may be due to lack of teacher preparation in classroom management, lack of training in culturally competent practices, or racial stereotypes" (p. 854). This is a remarkable assertion because the most common reason for school suspensions and exclusions is conduct disorders (also termed behavior problems or "oppositional defiance disorder"), consisting of excessive aggression, violence, disobedience, and criminal offenses such as drug dealing, and a number of studies summarised in this chapter have reported that racial differences in these are similar to those in suspensions and exclusions. The most straightforward explanation for the race differences in school suspensions and exclusions is that these are a result of the differences in conduct disorders.

A further curious feature of the Task Force's report is that is that it failed to mention that fewer Asians than whites are suspended and excluded from schools. This undermines the Task Force's suggestion that teachers' racial stereotypes are responsible for the high rate of suspensions and exclusions of Hispanics, Native Americans and African Americans, unless the Task Force wished to suggest that teachers are more prejudiced against whites than against Asians. There is nothing surprising about the low rate of school suspensions and exclusions of Asians. This is to be expected because of the studies showing that Asians have a lower rates of conduct disorders than whites and other groups.

We are left with the puzzles of why the Task Force failed to mention that race differences in school suspensions and exclusions are consistent with those in conduct disorders and in number of other expressions of psychopathic behavior reviewed throughout this book, and why the Task Force failed to mention the low rate of school suspensions and exclusions of Asians. Perhaps the Task Force was unaware of these studies but this seems improbable. More likely, the Task Force was aware of them but preferred to ignore them and blame the higher rates of suspensions and

exclusions of Hispanics, Native Americans and African Americans on the "lack of teacher preparation in classroom management, lack of training in culturally competent practices, or racial stereotypes" of white teachers". Whatever the explanation, the conclusion of the American Psychological Association Task Force that "there are no data supporting the assumption that African American students exhibit higher rates of disruption or violence that would warrant higher rates of discipline" (p. 854) can only be regarded as bizarre.

Furthermore, the rate of school expulsions and suspension for blacks reported by the Task Force are only 2.6 times that of whites, while the black rates for delinquncy and criminal convictions shown in Table 2.7 are considerably greater than these. This suggests that teacher bias is unlikely to be the reason for the racial difference in school expulsions and suspensions. To the contrary, the greater differences in criminal convictions suggests that teachers are more tolerant of psychopathic behavior in blacks and are reluctant to suspend and exclude them for fear of being accused of racism.

All the evidence for race differences in psychopathic personality shows that "lack of teacher preparation in classroom management, lack of training in culturally competent practices, or racial stereotypes held by teachers" cannot be the sole explanation for the greater proportion of blacks that are suspended and excluded from school. The most reasonable interpretation of all these studies is that there are racial differences in psychopathic behavior, and these provide the most straightforward explanation for the racial differences in school suspensions and exclusions.

5. Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) consists of the inability to pay attention, restlessness, distractibility and hyperactivity and is a prominent feature of children with conduct disorder. In a review of research on the condition, Barkley (1997, p. 65) writes that "ADHD is associated with greater risks for low academic achievement, poor school performance, retention in grade, school suspensions and expulsions, poor peer and family relations, anxiety and depression, aggression, conduct problems and delinquency, early substance experimentation and abuse, driving accidents and speeding violations, as well as difficulties in adult social relationships, marriage and employment". ADHD is therefore a frequent expression of personality disorder. ADHD in childhood persists into adolescence in around 50–80% of cases and into adulthood in about 30-50% of cases, where it is associated with personality disorder and crime (Barkley, 1997; Vitelli, 1996; Gordon, Donnelly & Williams, 2014).

The association between ADHD and conduct disorder in childhood and psychopathic personality and crime in adulthood leads to the expectation that there should be racial differences in ADHD. Studies of race differences in ADHD expressed as *d*s in relation to whites set at zero are

summarised in Table 2.10. Positive signs denote higher rates of ADHD and are consistently present in blacks. Negative signs denote lower rates of ADHD and are consistently present in East Asians. Row 1 gives differences in restlessness and distractibility assessed by teachers in a sample of 1,337 fourth graders and shows high scores among blacks and low scores among East Asians, with whites and Hispanics intermediate. Row 2 gives data for ADHD assessed by a teacher rating scale for 2,000 children and adolescents for a representative sample for the United States and shows scores for ADHD about half a standard deviation higher among blacks than among whites. Row 3 gives data from another study confirming this. Row 4 provides further confirmation in a study carried out in a large American mid-western city and also gives information for East Asians, who score almost a full standard deviation lower than whites. Row 5 confirms the low scores of East Asian children from a study carried out in New York. Row 6 gives further results for ADHD assessed by teachers showing higher rates in blacks and Hispanics than in whites.

Table 2.10. Race and ethnic differences in attention deficit hyperactivity disorder (*d*s)

	East Asian	Black	His-panic	White	Reference
1	-.71	.59	-.01	.00	Spring et al.,1977
2	-	.46	.15	.00	Du Paul et al., 1997
3	-	.42	-	.00	Epstein et al., 1998
4	-.89	.59	-	.00	Feng & Cartledge, 1996
5	-.35	-	-	.00	Chang et al., 1995
6	-	.31	.27	.00	Arnold et al., 2003

Table 2.11 gives two further studies of race differences in ADHD. Rows 1 and 2 show the percentage of ADHD in blacks about double that of whites. The studies summarised in Tables 2.10 and 2.11 show higher rates of ADHD in blacks than in whites and lower rates in East Asians, mainly ethnic Chinese. The results for Hispanics are inconsistent, the results in row 1 of Table 2.10 showing the same prevalence as among whites, while rows 2 and 6 of Table 2.10 and row 2 of Table 2.11 show a higher prevalence than for whites, and row 1 of Table 2.11 showing a lower prevalence than for whites.

Table 2.11. Race differences in attention deficit hyperactivity disorder (percentages)

	Black	His-panic	White	Reference
1	29.6	7.2	15.2	Langsdorf et al., 1979
2	17	-	8	Andretta et al., 2013

5. Moral Understanding

Weakness of moral understanding is a central feature of psychopathic personality. A theory of the development of moral understanding and a test to measure it has been formulated by Kohlberg (1976). Over two dozen studies have found that delinquents perform poorly on this test (Raine,

1993). A similar test (the Defining Issues Test) has been developed by Rest (1979, 1986). This consists of a number of stories in which the leading actor is confronted with a moral dilemma. The problem is to discern the moral principle involved and choose the proper course of action consistent with it. Rest (1979, p. 107) gives a mean score of 21.90 (Sd 8.5) for junior high school students in the American standardisation sample of 1,322. A mean score of 18.45 is given for a sample of black junior high school students by Preston (1979) cited by Rest (1979, p. 64) showing weaker moral understanding by 0.41*d* consistent with greater psychopathic personality.

This result has been confirmed in a study by Sampson & Bartusch (1998). In a sample of 8782, higher proportions of blacks showed greater weakness of moral understanding by greater endorsement of the statements "laws are made to be broken", "there are no right or wrong ways to make money" and "it is okay for a teenager to have fist fights". The authors and Skeem et al. (2003, p.1451) argue that the race difference is "effectively eliminated after statistically controlling for the extent to which residents' neighborhoods were disadvantaged. This suggests that neighbourhood context is as plausible a basis for "normative orientation towards law and deviance as a racially induced subcultural system". However, as neighborhood disadvantage is strongly correlated with race at 0.63 (Skeem et al. (2003, p.1451), this means that there is weaker moral understanding in black neighborhoods.

6. Honouring Financial Obligations

''Persistent failure to honour financial obligations'' is listed by the APA among the characteristics of psychopathic personality. A measure of this failure is available in the default rates on student loans. About half of American students at colleges and universities take out loans that they are required to repay after graduation but not all graduates repay these loans. Racial and ethnic differences in loan default rates have been calculated from the data of the 1987 National Postsecondary Student Aid Study consisting of 6,338 cases with complete information on loans, race and ethnicity and a number of other characteristics. In the total sample, 19.2% defaulted on their repayments. The percentages of loan defaulters for the five major American racial and ethnic groups are shown in row 1 of Table 2.11 and show that the default rates among blacks and Native Americans are the highest and are about three times greater than those of whites. Hispanics and Asians fall intermediate between these two groups and whites.

A further index of the failure to honour financial obligations consists of poor credit ratings. These are made on the basis of records of the non-payment of debts, unacceptably late payments and bankruptcy. A report of race differences in poor credit ratings was made by the firm Freddie Mac of 12,000 households in 1999 and the results are given in row 2 of Table 2.12. It will be seen that blacks have the highest percentage of poor credit ratings and whites have the lowest, while

Hispanics are intermediate.

Table 2.12. Honouring financial obligations (percentages)

	Default rates	Asian	Black	Hispanic	Native American	White	Reference
1	Student loan default	34.5	55.5	20.2	44.7	15.0	Volkwein et al., 1998
2	Poor credit ratings	-	48	34	-	27	Holmes, 1999

7. Dishonesty and Cheating

Dishonesty and cheating are other expressions of the moral weakness that is a central feature of psychopathic personality. Racial differences in dishonesty have been reported by Fetters, Stowe & Owings (1984) in a study in which more black than white high school students exaggerated their self-reported grade point averages when these were checked against the records.

Racial differences in cheating in sport have been reported by Dutton & Lynn (2014) in a study that examined the percentages of blacks and whites who cheated in the American National Foorball League (NFL). They report that in the years 2000-2011, 67% of NFL players were black and 31% were white, while of those suspended for the use of drugs to enhance performance 81% were black and 18% were white. This study also examined cheating in the American National Basketball Association (NBA) in 2013. 78% of NBA basketball players were black, 17% were white, and the rest were mixed, Hispanic, or of unidentifiable race. Of those fined or suspended for cheating (including mocking, punching, flopping - an intentional fall in order to call a non-existent foul, fighting, steroid use and head-butting, 88% were blacks. Thus, in both the American National Foorball League and the American National Basketball Association blacks were over-represented among cheaters.

8. Aggressive and Violent Crime

Psychopathic personality is frequently expressed in crime or, as the APA expresses it, “failure to conform to social norms with respect to lawful behavior”. There is an association between psychopathic personality and crime because the high aggression of those with psychopathic personality leads them to commit crimes of violence and because their weak moral sense leads them to commit non-violent crime. Numerous studies have shown that psychopathy predicts crime and recidivism (e.g. Leistico, Salekin, DeCoster & Rogers, 2008; Salekin, Rogers & Sewell, 1996). Lykken (1995) considered that more than half of those in prison are psychopaths. A review of the research on the relation between psychopathic personality and crime by Moran (1999) concluded that around 60 per cent of males in prison are psychopaths and this figure was confirmed by Daderman & Kristiansson (2003) for 17 year olds in Sweden. A report issued by the Correctional

Service of Canada (1990) estimated that approximately 75 per cent of male prisoners are psychopaths. Guze (1976) estimated psychopathic personality at 79% for male prisoners and 68% for female, while.Hare (1983) estimated the percentage at between 40 and 50 per cent. It is difficult to assess the precise proportion of prisoners who are psychopaths because it is frequently in their interests to conceal the extent of their psychopathic personality in order to secure early release, parole and privileges. Nevertheless it is indisputable that psychopathic personality is relatively high among criminals, and particularly among those convicted of sufficiently serious crimes to be imprisoned. We would therefore expect that racial and ethnic differences in psychopathic personality should appear in rates of crime and imprisonment.

It has been known for many decades that in the United States crime rates are high in blacks, intermediate in whites and low in Northeast Asians (formally known as Orientals). The high crime of blacks was shown for the 19th century in Philadelphia where the homicide rate of blacks was three times greater than that of whites and in the middle of the 20th century about twelve times greater than that of whites (Lane, 1979). The crime rate of lower status black boys in Philadelphia in the middle of the 20th century was over three times greater than that of lower status white boys (Wolfgang, Figlio and Sellin, 1972). It was shown in the 1930s by Reid (1939) that blacks were three to seven times over-represented in New York prisons, compared with whites.

Crime can be either aggressive and violent or non-violent. Race differences in aggressive and violent crime are summarised in Table 2.13.

Table 2.13. Race differences in convictions for aggressive and violent crime per 10,000

	Crime		Sex	Asian	Black	Hisp-anic	Native American	White	Reference
1	Homicide		M	-	6.4	-	-	1.0	Lester,1989
2	Homicide		F	-	1.3	-	-	0.3	Lester,1989
3	Homicide		M/F	.20	2.09	1.32	1.23	.26	Feldmeyer. et al., 2013
4	Robbery		M/F	-	27.7	-	-	2.3	Lafree et al., 1992
5	Rape/assault		M	-	51.6	-	68.1	48.9	Gruber et al., 1996
6	Rape/assault		F	-	34.5	-	44.0	28.5	Gruber et al., 1996
7	Rape		M	-	9.1	-	-	3.8	Valois et al., 1999

Rows 1 and 2 give rates of convictions for homicide per 10,000 population for 1979-81 and show the rate for black men 6.4 times greater than that for white, and the rate for black women 4.3 times greater than that for white. Row 3 gives more recent homicide rates for California for 2000-09 for ages 15 to 74 and shows the highest rate for blacks followed by Hispanics, Native Americans and whites and the lowesr rate in Asians. Row 4 give rates of convictions for robbery per 10,000 population for 1957-88 and shows the rate for blacks 12 times greater than that for whites. Row 5

gives rates of husband assault on wives for 1989 and shows the rate for blacks 3.8 times greater than that for whites. Row 6 gives results of females in the same study and shows the rate for blacks slightly higher at 1.21 times greater than that for whites, while the rate for Native Americans is the again highest at 1.54 times the rate for whites. Row 7 gives results of a 1989 study in which 15-18 year olds answered a questionnaire on whether they had ever committed rape or assault and shows the rate for blacks more than double that for whites.

Race differences in aggressive and violent crime expressed as odds ratios with the rate for whites set at 1.0 are summarised in Table 2.14. All these results show that blacks have the highest crime rates while whites have low rates and Asians have the lowest. Hispanics and Native American rates are intermediate. A review of studies race differnces in violent recidivism by Piquero et al. (2015) has concluded that this is more prevalent among blacks and Hispanics than among whites.

Table 2.14. Race differences in convictions for aggressive and violent crime per 10,000 (odds ratios)

	Crime	Year	Sex	Asian	Black	Hisp-anic	Native American	White	Reference
1	Assault	1994	M/F	0.5	5.0	3.0	2.0	1.0	Taylor & Whitney, 1999
2	Rape	1994	M	0.5	5.5	3.0	2.1	1.0	Taylor & Whitney, 1999
3	Robbery	1994	M/F	0.8	11.2	3.0	1.7	1.0	Taylor & Whitney, 1999
4	Murder	2001	M/F	0.2	8.2	2.4	2.3	1.0	Taylor, 2005
5	Manslaughter	2001	M/F	0.2	5.8	2.3	2.3	1.0	Taylor, 2005
6	Rape	2001	M	0.1	2.4	1.2	1.8	1.0	Taylor, 2005
7	Robbery	2001	M/F	0.2	14.4	4.0	3.2	1.0	Taylor, 2005
8	Assault	2001	M/F	0.2	7.2	3.8	3.7	1.0	Taylor, 2005

It has sometimes been asserted that race differences in convictions for crime are attributable to judges and juries being biased against blacks. This contention has been refuted in a review of the evidence by Tonry (1994, p. 108) who writes “the conclusion that involvement in crime, not racial bias, explains much of the black disproportion among prisoners is consistent with most recent reviews of research on discrimination in sentencing”. These race differences cannot be explained by the prejudice of teachers, psychiatrists, juries, judges, etc. because they are present in self-assessed questionnaires such as the psychopathy scale of the MMPI (Minnesota Multiphasic Personality Inventory) in which black and Native Americans rate themselves as more psychopathic than Hispanics and whites; and they are also found in victim surveys that show that victims report more attacks by blacks than by whites (Taylor & Whitney, 1999).

9. All Crime

Race differences in imprisonment rates for all crimes, most of which do not entail violence, are summarised in Table 2.15. Row 1 gives rates of imprisonment for 1994 for the five major American racial and ethnic groups calculated from the annual crime statistics published by the American Department of Justice. It will be seen that blacks have the greatest incarceration rate, followed in descending order by Hispanics, Native Americans, whites and Asians. Row 2 presents rates of imprisonment for 2005 for men for 18-29 year olds calculated from the Bureau of Justice statistics and shows that blacks have the greatest incarceration rate, followed by Hispanics, while whites have the lowest. The figures in row 2 are much higher than those in row 1 because they are for males only and for the age that has the highest crime rate. Row 3 presents rates of imprisonment for 2012 showing simila differnces to those in row 1.

Table 2.15. Race differences in imprisonment for crime per 10,000 population

		Age	Sex	Asian	Black	His-panic	Native American	White	Reference
1		All	M/F	9.1	157.1	68.8	51.9	19.3	Taylor & Whitney, 1999
2		18-29	M	-	2,800	650	-	550	Unz, 2010
3		All	M/F	-	152	69	-	26	Harden, 2014

Race differences in convictions for non-violent crime per 10,000 presented as odds ratios are given in Table 2.16. These studies show crime rates highest for blacks followed in descending order by Hispanics and Native Americans, and then by whites and lowest in Asians. Row 7 gives rates of drug offences for blacks, Hispanics and whites in an American correctional facility and show rates highest for blacks, intermediate for Hispanics and lowest for whites.

Table 2.16. Race and ethnic differences in convictions for non-violent crime per 10,000 (odds ratios)

	Crime	Year	Sex	Black	Asian	Hisp-Anic	Native American	White	Reference
1	Car theft	1994	M/F	5.6	0.8	3.0	2.6	1.0	Taylor & Whitney, 1999
2	Burglary	2001	M/F	5.0	0.1	3.8	3.8	1.0	Taylor, 2005
3	Larceny	2001	M/F	6.3	0.2	1.9	3.2	1.0	Taylor, 2005
4	Car theft	2001	M/F	5.2	0.2	3.1	6.3	1.0	Taylor, 2005
5	Fraud	2001	M/F	4.0	0.2	1.0	0.8	1.0	Taylor, 2005
6	Drug offences	2001	M/F	12.5	0.2	5.2	1.8	1.0	Taylor, 2005
7	Drug offences	2010	M/F	2.8	-	1.6	-	1.0	Diamond et al., 2012

2.9. Long-term Monogamous Relationships

A prominent feature of psychopathic personality is an inability to form long-term monogamous relationships in marriage or stable unions listed by the American Psychiatric Association as “failure

to sustain a monogamous relationship for more than one year". This failure is principally due to a reduced capacity to experience love and the need to form long term and committed relationships. Thus Lykken (1995, p. 26) writes of the psychopath's "undeveloped ability to love or affiliate with others" and Hare (1994, pp. 52, 63) writes that "psychopaths view people as little more than objects to be used for their own gratification" and "equate love with sexual arousal".

Marriage is the most explicit expression of the willingness to enter into a committed long-term relationship based on love. Research by Forste & Tanfer (1996) has shown that couples who marry are more committed to each other than those who co-habit. As two American psychologists have written: "In its purest or ideal form, husband-wife marriage is monogamous, eternal and forsakes all other relationships" (Staples & Johnson, 1993, p.139). Several American studies have shown that blacks attach less value to marriage than whites. For instance, Trent & South (1992) found that blacks are less likely than whites to agree that "marriage is for life". Staples & Johnson (1993, p. 164) write that "Blacks do not rank marriage as highly as whites" and that "Black Americans' acceptance of this form of relationship is inconsistent with their African heritage". More recently, Stanik, McHale & Crouter (2013) have written that "African Americans experience high rates of marital discord and dissolution".

Studies of racial differences in attitudes to love and marriage are summarised in Table 2.17. Rows 1 to 4 present the results of a questionnaire study of black and white students' attitudes to love, marriage and sex carried out on 1,132 students at Rutgers University. Rows 1 and 2 give results for the question "I think about marriage: very frequently, frequently, sometimes, never" and show that many more whites than blacks gave the answers "very frequently or frequently". The results suggest that whites are more concerned with finding a partner with whom to form a long-term relationship based on love and marriage. The second question was "I think that love and sexual intercourse should be almost always related or very related". The results given in rows 3 and 4 show a much greater endorsement of this statement by white males than by black, suggesting a greater valuation of love by whites, and a slightly greater endorsement by white females as compared with black.

The results of a further study of racial differences in attitudes to marriage are shown in rows 5-8 derived from an analysis of the American National Survey of Families and Households, a national probability sample of 13,017 adults interviewed in 1987-1988. The data consist of those in the sample aged 19–35 who were unmarried and not cohabiting and had responded to the question "I would like to get married someday". The responses were scored on a strongly agree – strongly disagree scale. The results for black, white and Hispanic males and females are expressed as *d* scores in relation to zero for whites. The results show that black males and females both have less desire to be married than whites. The difference is greater for males, consistent with the results in

the first two rows of the table. The results for the Hispanic males and females are inconsistent, with Hispanic males having a stronger desire to be married than whites but Hispanic females having a less strong desire to be married. The author of the study attributes the strong desire of Hispanic males to be married to the large numbers of them relative to Hispanic females arising from greater numbers of male immigrants. The ratio of unmarried men to women in this age group of Hispanics was 1.38:1. This tends to make Hispanic males keen to marry in order to secure a mate. This study was also analysed for the percentages of blacks, Hispanics and whites who expressed no desire for marriage. These are given for males in row 7 and for females in row 8 showing that greater percentages of both black males and black females have no desire for marriage. Row 9 gives results for the Conjugal Love Scale, a questionnaire for the measurement of the strength of commitment to married love. Results for 325 whites and for 106 blacks show a black *d* score of -0.34, indicating that blacks have a lower commitment to married love than whites. In addition to these studies, Broman (1993) has analysed data of a representative sample of 2,059 married Americans and found that blacks are less happy in marriage than whites: "blacks are significantly less likely to feel that their marriages are harmonious and are significantly less likely to be satisfied with their marriages" (p. 726).

Table 2.17. Attitudes to marriage

	Measure	Sex	Statistic	Black	Hisp-anic	White	Reference
1	I think about marriage frequently	M	Percent	3.3	-	20.2	Houston, 1981
2	I think about marriage frequently	F	Percent	29.5	-	39.7	Houston, 1981
3	Love and sex should be related	M	Percent	29.2	-	61.7	Houston, 1981
4	Love and sex should be related	F	Percent	76.3	-	79.1	Houston, 1981
5	I would like to get married	M	*d*	-0.31	0.34	0.0	South, 1993
6	I would like to get married	F	*d*	-0.16	-0.22	0.0	South, 1993
7	No desire for marriage	M	*d*	23.4	8.7	15.4	South, 1993
8	No desire for marriage	F	*d*	21.8	25.3	17.1	South, 1993
9	Conjugal love scale	M/F	*d*	-0.34	-	0.0	Munro & Adams, 1978 Philbrick et al., 1988

The propensity to form monogamous relationships based on love can also be measured by the extent to which people enter into marriage or stable co-habitation. Racial differences these are shown in Table 2.18. Rows 1 and 2 give the percentages of black and white men and women aged 27 and 33 who had ever been married from the National Survey of Families and Households of 1988 of 3101 19 -34 year olds and show much lower marriage rates among blacks than among whites. Shown also are the percentages married of the same age groups among Native Americans in Alaska provided by Berman & Leask (1994) showing lower rates of marriage than for blacks and whites. Row 3 confirms these differences from an analysis of the Medical Expenditure Panel

Survey of 1997-1998 of a representative sample of 14,811 18 year olds. This survey provides data on marriage rates of whites, blacks, Hispanics and Asians, and marriage rates for Native Americans provided by Berman & Leask (1994) are also given. It will be seen that Asians have the highest marriage rate followed in descending order by whites, Hispanics, Native Americans and blacks.

Row 4 presents data from the 1988 National Educational Longitudinal Study of approximately 25,000 14 year olds and shows that the percentages living with both parents showed the same racial rank order, with the highest percentage being among Asians, followed again in descending order by whites, Hispanics, Native Americans and blacks. Row 5 gives results for 16 year olds living with both parents reported in 2008 and shows that the percentages living with both parents was highest among whites, intermediate among Hispanics, and lowest among blacks.

Table 2.18. Race differences married or co-habiting (percentages)

	Asian	Black	His-panic	Native American	White	Reference
1	-	47	-	39	78	Berman & Leaske, 1994; Raley, 1996
2	-	59	-	50	87	Berman & Leaske, 1994; Raley, 1996
3	66	35	55	48	63	Shi, 1999
4	79	39	65	53	68	Peng & White, 1994
5	-	36	56	-	71	Estrada-Martínez et al., 2013

While these data are consistent with blacks having a lower propensity than whites to form monogamous love relationships, an alternative explanations could be that blacks form these relationships to the same extent as whites but they co-habit rather than entering into formal marriage contracts. This possibility is examined in Table 2.19 and gives 1989 data for women who have either married or co-habited by ages 27 and 33 and shows that these are lower among blacks than among whites.

Table 2.19. Race differences in percentages of women married or co-habiting in 1989

	Age	Black	White	Reference
1	27	70	84	Raley, 1996
2	33	80	94	Raley, 1996

A second explanation for the low marriage rates among blacks proposed by Wilson (1987) is that there is a shortage of young black males making attractive marriage partners because of the large numbers of them who are either long-term unemployed or in prison. This theory has been examined by Lichter, McLaughlin, Kephart & Landry (1992), Raley (1996) and South & Lloyd (1992), all of whom have concluded that it could explain only about one fifth of the low marriage rate among blacks. The remaining four fifths still require explanation and are attributable to a lesser desire to be married or co-habit among blacks.

An extreme form of the intolerance of stable monogamous unions is present when people kill their spouses. This is more common among blacks than among whites. Thus, in Detroit in 1982-1983 63 per cent of the population was black while 90.5 per cent of those who killed their spouses were black (Goetting, 1989).

10. Extramarital Sex

Sexual promiscuity is one of the classical defining features of psychopathic personality. This has been confirmed in a study by Kastner & Sellbom (2012) who administered the Global Psychopathy Scale to 193 men and 200 women students and reported significant correlations with 14 measures of sexual promiscuity including number of sexual partners in past year (r= .42), number of one time sexual partners in past year (r= .35), enjoying casual sex with different sexual partners in past year (r= .46), and no need to be attached to sexual partner to enjoy sex (r=.40).

Race differences in sexual promiscuity are expressed in extramarital sex and multiple sexual partners and are considered in this and the next section. Race differences in extramarital sex are given in Table 2.20. These show that when they do marry, blacks are less tolerant than whites of the monogamous constraints imposed by the marriage contract.

Table 2.20. Race differences in extramarital sex (percentages)

	Measure			Sex	Black	Hispanic	White	Reference
1	First 2 years			M/F	51	-	23	Rushton, 2000
2	Ever			M	33	-	21	Wiederman, 1997
3	Ever			F	16	-	11	Wiederman, 1997
4	Last year			M	4	11	2	Choi et al., 1994
5	Last year			F	4	5	1	Choi et al., 1994
6	Last year			M//F	13	-	3	Leigh et al., 1993
7	Last 5 years			M//F	17	-	5	Leigh et al., 1993

Row 1 shows the results of an analysis of the Kinsey data of college graduates by for 1938/63 in which 51 per cent of blacks were unfaithful to their spouses during the first two years of marriage compared with 23 per cent of whites. Rows 2 and 3 are for 1994 for 18-75 year olds and show the results of a study of a representative sample of 2,172 individuals obtained in the American General Household Survey showing that for both males and females the incidence of marital infidelity was about 50 per cent greater among blacks than among whites. Rows 4 and 5 show the results for 1990 of an analysis of the National AIDS Behavioral Survey of 1,686 married individuals who were asked if they had had extramarital sex in the last 12 months. The results show substantially greater extramarital sex among blacks and Hispanics than among whites. Rows 6 and 7 present the

percentages of blacks and whites who had had extramarital sex in the last year and the last five years, found in an American national sample of 2,058 18-70 year olds, and show rates of extramarital sex three to four times more prevalent among blacks than among whites. In further confirmation of this difference, Moore & Schwebel (1993) have found that blacks cite infidelity more frequently than whites as a cause of divorce.

11. Multiple Sexual Partners

Having multiple sexual partners is a prominent of characteristic of psychopathic personality. Thus, Visser et al. (2010, p. 833) write "promiscuity is generally considered a defining feature of psychopathy" and report correlations of .42 and .28 between psychopathy and number of lifetime sexual partners in a Canadian student sample. Studies of the racial and ethnic differences in the numbers multiple sexual partners are summarised in Table 2.21.

Table 2.21. Race differences in multiple sexual partners (percentages)

	N partners	Age	Year	Sex	Asian	Black	His-panic	White	Reference
1	6 +	-	1938/63	M/F	_	45	-	27	Rushton, 2000
2	5+	18+	1988/90	M	_	11.1	_	3.8	Seidman & Aral., 1992
3	5+	18+	1988/90	F	_	1.1	_	0.5	Seidman & Aral., 1992
4	4 +	16	1990	M	_	52	-	29	Richter et al., 1993
5	4 +	16	1990	F	_	23	-	15	Richter et al., 1993
6	4 +	15/18	1995	M	_	52	24	15	Warren et al., 1998
7	4 +	15/18	1995	F	_	22	12	13	Warren et al., 1998
8	2 +	15/19	1995	M	_	63	49	39	Moore et al., 1998
9	2 +	15/19	1995	F	_	33	26	26	Moore et al., 1998
10	5 +	15/18	1992	M//F	8	38	21	26	Schuster et al., 1998
11	2 +	35/74	1990	M	-	-	21	22	Sabogal et al., 1995
12	2 +	35/74	1990	F	-	-	4	8	Sabogal et al., 1995
13	2 +	18/44	1988/96	M	_	40	-	22	Finer et al., 1999
14	2 +	18/44	1988/96	F	_	21	10	10	Finer et al., 1999
15	4 +	18/33	1988/90	M	_	18	_	7	Seidman & Aral, 1992
16	4 +	18/33	1988/90	F	_	7	_	1	Seidman & Aral, 1992
17	5 +	18/70	1990	M	_	16	_	9	Leigh et al., 1993
18	5 +	15/18	1990	F	_	3	_	1	Leigh et al., 1993
19	4+	15/18	1990	M	_	13	_	5	Valois et al., 1995
20	4+	15/18	1990	F	_	2	_	1	Valois et al., 1995
21	2+	18/75	1990	M/F	_	15	14	6	Dolcini et al., 1993
22	6 +	18/25	1991	M/F	_	7	1	3	Binson et al., 1993
23	2+	18/45	1996	F	_	30	13	14	Quadagno et al., 1998
24	4 +	15/18	1993	M	_	57	_	25	Valois et al., 1999
25	4 +	15/18	1993	F	_	26	_	15	Valois et al., 1999
27	2 +	15/19	1988	M/F	_	11	6	5	Sonenstein et al., 1991
28	3 +	12/14	2009	MF	_	14	27	5	Moore et al., 2013

Row 1 gives data abstracted by Rushton (2000) from the Kinsey archive and shows that about twice as many black college graduates had had six or more partners before marriage than whites. Rows 2 and 3 give General Social Survey data showing more than twice the percentages of black males and females than of whites aged 18 years and older had had five or more sexual partners in the last year. Rows 4 and 5 show substantially greater percentages of black male and female 18 year olds than of white who have had four or more sexual partners found in the American nationally representative Youth Risk Behavior Survey of 1990. Rows 6 and 7 give the percentages of male and female black, Hispanic and white 15-18 year olds who had had four or more sexual partners found in the American nationally representative Youth Risk Behavior Survey of 1995. The figures show substantially greater proportions of black males having had four or more partners than whites and somewhat greater proportions of black females, with Hispanics being broadly similar to whites. Rows 8 and 9 show similar data from the American National Survey of Family Growth and National Survey of Adolescent Males. The data consist of the proportions of 15-19 year olds who have had two or more sexual partners and show substantially greater proportions of blacks. Row 10 gives data collected in a study of 2,026 15-18 year olds in Los Angeles for those who had had five or more sexual partners and shows the highest percentage among blacks and the lowest percentage among East Asians. Rows 11 and 12 show Hispanics and whites had approximately the same percentages of two plus parents during the last year. Rows 13 and 14 present data from the National Survey of Family Growth of approximately 20,000 women aged 18-44 and the General Social Survey of approximately 2,000 men aged 15-44. The data consist of the percentages of those who had had two or more sexual partners during the preceding year and show that there were approximately twice as many blacks in this category as whites. Rows 15 and 16 give data obtained from a nationally representative sample of 4,390 for the percentages of those who had had four or more sexual partners during the last four years and show about twice as many blacks falling into this category as whites. Rows 17 and 18 show the percentages of those who had had five or more sexual partners in the last year and in the last five years, obtained in an American sample of 2,058. Rows 19 and 20 show the percentages of those who had had four or more sexual partners in the last three months and show higher percentages in blacks than in whites. Row 21 gives results from a 1990 survey of 10,630 people aged 18 to 75 and shows that blacks had the highest number of 2 plus sexual partners during the last year followed by Hispanics, and whites had the lowest number. Row 22 presents results from the 1990 national AIDS Survey of young adults and shows that blacks had the highest number of 6 plus sexual partners followed by whites, and Hispanics the lowest number. Row 23 gives results for the percentages of those who had had two or more sexual partners in the last 6 months and shows this was highest in blacks and lowest among Hispanics and whites.

Rows 24 and 25 show data from a study of 3,805 15-18 year olds and show that the percentage

of black males who had had four or more sexual partners was more than double that of whites. Row 26 presents results from the 1988 Survey of Adolescent Males, a nationally representative study of 1,251 youths aged 15-19 and shows that blacks had more than twice as many sexual partners than whites and that Hispanics had slightly more sexual partners than whites. Row 27 presents more recent results from a 2009 nationally representative study of 12-14 year olds and shows that blacks had more than twice as many sexual partners than whites, while Hispanics had the highest numbers of sexual partners.

Race differences in multiple sexual partners expressed as odds ratios with whites set at 1.0 are given in Table 2.22. This shows results from an analysis of the 1992 National Health Interview Survey of 5,223 14-22 year olds. The data are presented as odds ratios for males and females of having had sex with two or more partners during the last three months and show that among both males and females blacks had approximately twice as many in this category as whites, with Hispanics falling intermediate.

Table 2.22. Race differences in multiple sexual partners (odds ratios)

Measure	Sex	Black	His-panic	White	Reference	
2 + last 3 months	M	2.8	1.4	1.0	Santinelli et al., 1999	
2 + last 3 months	F	1.4	1.1	1.0	Santinelli et al., 1999	

Further studies reporting numbers of sexual partners of blacks and whites are given in Table 2.23. Rows 1 and 2 give data for adults for numbers of sexual partners during the last five years recorded in the surveys of the National Opinion Research Center for the years 1990-1996 and show that for both men and women blacks had significantly more sexual partners than whites. Row 3 gives results for numbers of sexual partners of 16 year olds reconded in Wave 1 of the National Longitudinal Study of Adolescent Health and shows blacks had significantly more sexual partners than whites, with mixed race adolescents intermediate.

Table 2.23. Race differences in number of sexual partners (sample sizes in parentheses)

	Sex	Blacks	Mixed	Whites	Reference
1	Men	2.61 (291)	-	1.89 (2644)	Lynn, 2000
2	Women	1.63 (572)	-	1.36 (3381)	Lynn, 2000
3	MF	1.8 (4271)	1.5 (116)	1.1 (10,315	Rowe, 2002

12. Intimate Partner Violence

Another measure that captures both aggression and intolerance of a stable marriage relationship is intimate partner violence assessed by assaults by husbands on wives and by wives on husbands. A study showing that male perpetrators of physical intimate partner violence are high on antisocial

personality traits has been published by Sijtsema, Baan & Bogaerts (2014). Race differences for these assaults during the last year are given in Table 2.24, together with five year rates in rows 12 and 13.

Table 2.24. Race differences in last year intimate partner violence (percentages, odds ratios)

	IPV Perpetrator		Blac k	Hisp- Anic	Korean	Native American	White	Reference
1	Husband		11.0	-	-	-	3.0	Cazenaze & Strauss, 1990
2	Wife		8.0	-	-	-	4.0	Cazenaze & Strauss, 1990
3	Husband		-	7.3	-	-	3.0	Strauss & Smith, 1990
4	Wife		-	7.8	-	-	4.0	Strauss & Smith, 1990
5	Husband		6.4	-	-	7.2	2.8	Bachman, 1992
6	Husband		8.0	-	-	12.1	4.8	Gazmararian et al., 1995
7	Wife		10.8	-	-	-	3.9	Hampton et al., 1989
8	Spouse		2.8	-	-	-	0.9	Newby et al.., 2000
9	Partner: OR		1.5	-	-	1.3	1.0	Kyriacou et al.,1999
10	Male		18.1	-	-	-	8.6	Smith et al., 2002
11	Husband		-	-	2.0	-	-	Liles et al., 2012
12	Husband		30	21	-	-	16	Caetano et al. 2000
13	Wife		23	17	-	-	12	Caetano et al. 2000

Rows 1 and 2 give rates of husband assault on wives and wife assault on husbands in 1975 and shows the rates for blacks two to three times greater than that for whites. Rows 3 and 4 give rates of husband severe assault on wives and wife severe assault on husbands in 1985 and shows the rates for Hispanics about twice that for whites. Row 5 gives a 1988 study of rates of husband assault on wives and shows the rate for blacks 2.3 times greater than that for whites, while the rate for Native Americans is the highest at 2.6 times the rate for whites. Row 6 gives a 1991-2 study of rates of husband assault on wives and shows the rate for blacks 1.7 times greater than that for whites, while the rate for Native Americans is again the highest at 2.5 times the rate for whites.

Row 7 gives rates of wives' assault on husbands in a 1988 study and shows the rate for blacks 1.9 times greater than that for whites. Row 8 gives results of a 1989 study of rates of spouse in the US military and the rate for blacks 3.1 greater for blacks as for whites. Row 9 gives results of a 1997-8 study of rates of male partners' assault on women with the rate for whites set at 1.0 and shows a higher rate for Native Americans and the highest rate for blacks. Row 10 gives results of a 2000 study of rates of male partners' assault on women showing the rate for blacks approximately two and a half times greater for blacks than for whites. Row 11 gives results of a 2006 study of a representative sample of 485 Korean women aged 18-82 of whom 2 percent reported that they had

been physically assaulted by their husbands during the last year. This figure is lower than that of the others given in the table. Rows 12 and 13 gives results of a 1995 study of intimate partner violence during the last five years for a representative national sample showing that the rates for blacks about double those for whites and the rate for Hispanics intermediate. In addition to these studies, lifetime and past two year prevalence rates for black women in Baltimore of 37 and 26 per cent are given by Stockman et al. (2014).

The most extreme form of intimate partner violence is homicide. Race differences in this have been given for blacks and whites for husbands and wives, and for boyfriends and girlfriends for 1976 and 1995 by Puzone, Saltzman, Kesno, Thomson & Mercy (2000). Their results are given in Table 2.25. It will be seen that for all eight comparisons, blacks kill their intimate partners much more frequently than whites.

Table 2.25. Race differences in intimate partner homicide per 100,000

Perpetrator	Year	Black	White
Husband	1976	11.03	0.69
Wife	1976	7.15	1.15
Husband	1995	1.98	0.25
Wife	1995	2.55	0.89
Boyfriend	1976	5.21	0.58
Girlfriend	1976	9.21	0.32
Boyfriend	1995	2.38	0.75
Girlfriend	1995	2.29	0,17

13. Delay of Gratification

It has been shown rhat an inability or unwillingness to delay immediate gratification for a long-term advantage is a component of psychopathic personality in studies by Blanchard, Bassett & Koshland (1977) and Newman, Kosson & Patterson (1999). A race difference in the delay of gratification has been noted by Banfield (1974, p. 54) who wrote of the “extreme present-orientation” of blacks. The first study to demonstrate differences between blacks and whites in the delay of gratification in the United States was carried out on black and white 9 year olds in New York City by Seagull (1966). He offered black and white children the choice between being given a small candy bar now or a larger one in a week’s time. He found that black children were much more likely to ask for the small candy now. This difference has been confirmed in two subsequent studies. The first was on 15 year olds in Atlanta by Zytkoskee, Strickland & Watson (1971) and the second by Price-Williams & Ramirez (1974) was carried out on 10 year olds in the southern United States and included Mexicans as well as blacks and whites. The choices were varied slightly and consisted of the option of $10 dollars now or $30 in a month’s time, a 5 cents candy bar now or a 25 cents bar in a month’s time, and a small present now or a larger one in a month’s time. There was little

difference between the black and Mexican children, both of whom preferred the immediate offer to the more distant one, as compared with whites. A study of back-white differences in delay of gratification among adults has been reported by Warner & Pleeter (2001) in which a total of 66,483 men in the military opted to retire in 1992 and were given the choice of receiving a lump sum or an annuity. The annual income they would reveive from the annuity was considerably greater over the long term than the interest rate obtainable from the lump sum. Hence those who could delay gratification chose the annuity and significantly more whites than blacks opted for the annuity.

The preference for a delay of immediate gratification for a long-term advantage is described in economics as having "a low time preference" as contrasted with "a high time preference" to denote preferring cash now to a greater sum including accrued interest in the future. These time preferences are expressed in the extent to which people save for retirement and for future adverse contingencies such as becoming unemployed. Race differences in saving for retirement have been investigated in a 2011 survey of a representative sample of American adults aged 25-69 in full time employment and earning in excess of $40,000 a year (ING US, 2012). The results are shown in Table 2.26. Row 1 gives the sums saved in Deferred Contribution accounts accumulated for retirement and shows that these are largest in Asians (n=350) followed by whites (n=2,750), and lowest in Hispanics (n=250) and blacks (n=500). Row 2 gives the sums saved in other accounts shows that these are largest in Asians followed by whites, and lowest in Hispanics and blacks. Row 3 gives the percentages that pay off their credit card debts each month thereby avoiding interest charges and shows that these are largest in Asians followed by whites, and lowest in Hispanics and blacks.

Table 2.26. Race differences in savings

	Savings	Asians	Blacks	Hispanics	Whites
1	Deferred contribution	81,000	55,000	54,000	72,000
2	Other savings	70,000	43,000	48,000	64,000
3	Credit card payoffs	75%	26%	37%	53%

Another expression of the inability to delay of immediate gratification is impulsiveness. Lynam, Moffit & Stoutamer-Loeber (1993) have published a study of thirteen year olds showing blacks are more impulsive than whites, as assessed by teachers and by self-assessment.

14. Work Motivation and Commitment

We look next at the weak work motivation commitment component of psychopathic personality or the "inability to sustain consistent work behavior" in the words of the American Psychiatric Association's Diagnostic Manual. The results of a number of studies of racial and ethnic differences in work motivation and commitment are summarised in Table 2.27.

Table 2.27. Race differences in work commitment (*d*s, percentages)

	Measure		Sex	Asian	Black	Hisp-anic	Native Americn	White	Reference
1	Perseverance		M/F	0.38	-0.53	0.01	-	0.00	Spring et al.,1977
2	Work commitment		M/F	0.16	-0.27	0.01	-	0.00	Luzzo, 1994
3	College grades		M/F	0.04	-0.18	-0.16	-	0.00	Young, 1991
4	College grades		M/F	-	-0.53	-	-	0.00	Vars & Bowen, 1998
5	College grades		M	-	-0.33	-	-	0.00	Vars & Bowen, 1998
6	Unemployed		M	2.4	6.3	5.5	11.6	3.9	Sowell, 1978
7	Out labor force		M	-	16.3	-	16.8	6.2	Snipp, 1991
8	Out labor force		M	-	14.0	-	-	5.2	Jencks, 1992
9	Homework: hours		M/F	3.21	1.49	1.57	-	2.46	Mau & Lynn,1999
10	Homework: hours		MF	3.87	1.96	2.03	-	3.35	Mau & Lynn,1999

Row 1 shows racial and ethnic differences in "perseverance" assessed by teachers in a 1974 study in a sample of 1,337 fourth graders; perseverance was defined as "sticks to tasks until finished; if one effort to do a job is unsuccessful, tries again; and tries hard at assignments, doesn't give up easily". The results show low persistence scores by blacks, high persistent scores by Asians, with whites and Hispanics intermediate. Row 2 shows resulys for a work commitment questionnaire administered to a sample of 357 college students showing the highest work commitment among Asians followed by Hispanics and whites, and the lowest work commitment among blacks. Row 3 shows the grade point averages (GPAs) of college students controlling for Scholastic Aptitude Test (SAT) scores. The figures presented are the residuals of the prediction equation for GPAs from SAT scores. The negative residuals of blacks and Hispanics indicate that these two groups obtain poorer GPAs than would be predicted from their SAT scores, while the positive residuals of Asians and whites indicate that they obtain better GPAs than would be predicted from their SAT scores. Rows 4 and 5 show similar results from another data set and expressed as *d*s in relation to whites.

Several American studies of the high rates of unemployment among blacks in inner cities have concluded that a major factor responsible for these is an unwillingness to work. For instance, Anderson (1980, p. 75) writes that ‘‘there are many unemployed black youth who are unmotivated and uninterested in working for a living, particularly in the dead-end jobs they are likely to get". Petterson (1997, p. 605) writes in similar vein that "it is commonly contended that young black men experience more joblessness than their white counterparts because they are less willing to seek out low paying jobs". American Asians are the opposite of blacks in this respect. They have low rates of unemployment and it has been shown by Flynn (1991) that they achieve higher educational qualifications and earnings than would be predicted from their intelligence, suggesting that they have strong work motivation. Row 6 presents data from the 1970 American census for unemployment rates for the five major racial and ethnic groups and shows the highest rate of

unemployment among Native Americans followed in descending order by blacks, Hispanics, whites and East Asians, consisting of ethnic Chinese and Japanese. These differences in unemployment rates are frequently attributed to white racism but it is difficult to reconcile this explanation with the lower rate of unemployment among East Asians as compared with whites and also with the higher rate of unemployment among Native Americans as compared with blacks. Row 7 shows further evidence for racial and ethnic differences in work commitment expressed in the percentages of black, Native American and white men aged 25-54 "out of the labor force", a category consisting of healthy individuals who have not worked at all for the preceding year and whom Jencks (1992) contends cannot be looking for work and should be regarded as choosing not to work. The percentages of blacks and Native Americans out of the labor force are approximately the same and about two and a half times greater than that of whites. Row 8 shows data presented by Jencks (1992) for blacks and whites out of the labor force for 1985-1987, again showing that about two and a half times as many blacks fall into this category as whites. Rows 9 and 10 give data for the hours of homework done per week by 10^{th} and 12^{th} graders calculated from the American National Educational Longitudinal Study and show that blacks and Hispanics do less homework than whites, while Asians do more.

15. Recklessness

We examine next some expressions of recklessness included in the APA's list of the manifestations of psychopathic personality as "recklessness regarding one's own or others' personal safety". A weaker form of recklessness is risk taking which has frequently been noted as a characteristic of psychopathic personality (e.g. Dean et al., 2013) and of criminality (Ellis, Hoskin et al., 2014). Psychopaths appear to enjoy risk taking partly because they lack foresight of the likely adverse consequences, inhibitory controls and because it provides excitement. We begin this section by giving the results from the 1989-1993 American Teenage Attitudes and Practices Survey, a study of a nationally representative sample of 9,135 youths aged 12-18 years. As part of this study the youths were asked to consider the question "get a kick out of doing things every now and then that are a little risky or dangerous"'. It was found that 56.9 per cent of blacks agreed with this statement, as compared with 38.6 per cent of whites (Flint, Yamada & Novotny, 1998). It appears that blacks enjoy risk taking more than whites.

A number of studies showing race differences in recklessness assessed as the non-use of seat belts in automobiles are summarised in Table 2.28. Row 1 gives the results of a study carried out in the early 1980s in North Carolina in which observers recorded whether people were wearing seat belts while they were driving. More women than men were found to wear seat belts, consistent with many studies showing that psychopathic personality is less common in females than in males (e.g.

Dahlstrom et al., 1986), but more striking was the greater non-use of seat belts by blacks than by whites. Row 2 shows the results of a study of 1,063 drivers in Harrisburg, Pennsylvania, and excluded those whose automobiles had automatic seat belt devices. The results for blacks and Hispanics were combined into one group, the figure for which is assigned to both groups in the table and is about 25 per cent greater for blacks and Hispanics than for whites. Row 3 gives data for Nevada consisting of all motor vehicle accidents causing serious injuries to children during 1989-1992; it reports the percentages of the injured children not wearing any kind of seat belt or safety harness and found this much higher among blacks than among whites and Hispanics. Row 4 gives data from the Adolescent Health Survey of 13,454 Native American 18 year olds for those who never or hardly ever used belts. Rows 5 and 6 give the results of a study of 4,896 people carried out in 2000 at four cities in which observers recorded whether men and women were wearing seat belts while they were driving. For both men and women, fewer blacks wore seat belts, and Hispanics wore seat belts marginally less than whites. More women than men were found to wear seat belts. Row 7 gives data for parents putting their young children into seat belts showing that whites used them significantly more than blacks. In addition to these studies, Shin, Hong & Waldron (1999) report results from a study of 15-20 year olds in an American city for seat belt usage and state that Asians used them significantly more than whites and that whites used them significantly more than blacks, but they do not provide figures.

Table 2.28. Race differences in non-use of seat belts (percentages)

	Sex	Black	His-panic	Native American	White	Reference
1	M/F	94	-	-	72	Hunter et al., 1986
2	M/F	33	33	-	25	Colon, 1992
3	M/F	95	48	-	53	Niemeryk et al., 1997
4	M/F	-	-	44	-	Blum et al., 1992
5	M	63	48	-	47	Wells et al. 2002
6	F	41	35	-	34	Wells et al. 2002
7	M/F	35	-	-	15	Macy et al., 2014

Table 2.29 gives further measures of risk taking from studies in the 1990s for males and females combined, and its more extreme expression as recklessness. Row 1 presents data from a study of 5,112 observations of red light running in three cities in Virginia and shows that blacks run red lights more than whites. Row 2 presents data from a study of 429 US army personnel who had suffered motor vehicle injuries requiring hospitalization in 1992. The authors of the study found that the main factors responsible for the injuries were heavy drinking, speeding and non-use of seat belts. Race differences in the rate of injuries were calculated in relation to total numbers among

approximately 100,000 military personnel and showed that blacks sustained 78% more injuries than whites. Row 3 gives the results of a study of motor vehicle accidents requiring hospitalization among Native Americans in the state of Washington over the years 1990-1994 compared to all residents and shows an excess accident rate of 82%. The great majority of the population of Washington state are white and are entered as such in the table.

Row 4 gives data from a study of age-adjusted fatality rates from vehicle accidents in New Mexico in the years 1958-1990 and shows that Native Americans had by far the highest rate, followed by Hispanics, and whites having the lowest rate. Row 5 gives data from a study of age-adjusted fatality rates from vehicle accidents in Arizona in the years 1990-96 and shows that Native Americans had by far the highest rate, followed by blacks, with whites a little lower, and Hispanics having the lowest rate. Row 6 gives results from a study of driving after drinking excessive alcohol and shows that Hispanics had the highest rate, followed by blacks, and whites the lowest rate. In these studies blacks and Native Americans showed greater recklessness and risk taking than whites with Hispanics generally intermediate except for their high risk taking shown in row 6.

Table 2.29. Race differences in recklessness in automobile driving (percentages and odds ratios)

	Measure		Black	His-panic	Native American	White	Reference
1	Red light runs: OR		1.19	-	-	1.0	Porter & England, 2000
2	Injuries: OR		1.78	-	-	1.0	Bell et al., 2000
3	Injuries: OR		-	-	1.82	1.0	Sullivan & Grossman, 1999
4	Fatalities: %		-	.007	.023	.005	Schiff & Becker, 1996
5	Fatalities: %		.013	.010	.052	.012	Campos-Outcalt et al., 2003
6	Drink driving: %		9	15	-	7	Voas et al., 1998

A further expression of recklessness is pathological gambling. The American Psychiatric Association's *Diagnostic and Satistical Manual of Mental Disorders* lists pathological gambling as a disorder of impulse control, which is itself a central component of psychopathic personality. In a study of 140 drug-abusing anti-socials, 29 percent were found to be pathological gamblers (Lesieur et al., 1986), while Argo & Black (2004) reported that between 15 to 40 percent of pathological gamblers were antisocial personalities. In a review of research, Derevensky (2008, p.411) has written that pathological gamblers "have difficulty in conforming to social norms and experience difficulties with self-control, are more impulsive, and are greater risk-takers… and have a greater frequency of attention deficit hyperactivity disorder and conduct problems", all of which are expression of psychopathic personality. In another review of research it was shown that problematic gambling is associated with delinquency (Johansson, Grant, Kim, Odlaug & Götestam, 2009).

Table 2.30 summarises studies of race differences in gambling. The first five rows show rates of problem gambling and more severe pathological gambling substantially higher in Native Americans

than in whites. Row 6 confirms this for weekly gambling showing the highest rate in Native Americans followed by blacks and Hispanics, and much lower rates in Asians and whites. Rows 7 and 8 confirm higher rates of gambling in Hispanics than in whites but Hispanics have approximately the same rates of gambling as whites in the results given in row 9. Row 10 shows pathological gambling about twice as frequent in blacks than in whites. Row 11 shows pathological gambling about equally frequent in Hispanics as in whites. Row 12 shows a higher percentage of never gamblers among Asians than among whites.

Table 2.30. Race differences in gambling (percentages)

	Gambling	Asian	Black	Hisp-anic	Native American	White	Reference
1	Problem	-	-	-	14.8	9.6	Zitzow, 1996a
2	Pathological	-	-	-	2.8	1.6	Zitzow, 1996b
3	Problem	-	-	-	12	6	Cozzetto & Larocque, 1996
4	Problem	-	-	-	7.1	2.5	Volberg & Abbott, 1997
5	Problem	-	-	-	9.9	3.3	Peacock et al., 1999
6	Weekly	4	22	22	30	5	Stinchfield, 2000
7	Pathological	-	-	7.9	-	1.8	Welte et al., 2001
8	Daily	-	-	9.5	-	4.0	Stinchfield, 2007
9	Pathological	-	2.2	1.0	-	1.2	Alegria et al., 2009
10	Pathological	-	.96	-	-	.45	Barry et al., 2011a
11	Pathological	-	-	.4	-	.5	Barry et al., 2011b
12	Never	25	-	-	-	15	Kong et al., 2013

16. Recklessness in Sexual Behaviors

Further expressions of recklessness can be obtained from a variety of sexual behaviors. We consider first the non-use of contraception by those who do not wish to have children. This can be regarded as reckless both because this is likely to result in an unwanted pregnancy and also because it incurs the risk of contracting sexually transmitted diseases including HIV and AIDS. A number of studies of racial differences in the non-use of contraception are summarised in Table 2.31.

Table 2.31. Race differences in the non-use of contraception (percentages)

	Measure	Sex	Asian	Black	His-panic	Native American	White	Reference
1	First sex	M	-	66	-	-	54	Zelnik & Shah, 1983
2	First sex	F	-	59	-	-	49	Zelnik & Shah, 1983
3	First sex	F	-	37	54	-	24	Abma et al., 1998
4	First sex	F	-	21	26	-	15	Peterson et al., 1998

5	First sex	M/F	-	64	67	-	42	Schuster et al., 1998
6	First sex	F	-	66	-	-	48	Kahn et al., 1990
7	First sex	M	-	-	-	60	-	Blum et al., 1992
8	First sex	F	-	-	-	50	-	Blum et al., 1992
9	First sex	M	-	51	43	-	34	Sonenstein et al. 1989
10	First sex	M	-	64	77	-	45	Forrest & Singh, 1990
11	First sex	F	-	46	46	-	31	Forrest & Singh, 1990
12	Current: 1976	F	-	20	-	-	11	Stephen et al., 1988
13	Current: 1982	F	-	16	-	-	9	Stephen et al., 1988
14	Current: 1989	F	-	65	-	-	35	Wyatt, 1991
15	Last year	M/F	-	27	-	-	15	Leigh et al. 1993
16	Last month	F	-	17	23	-	10	Kraft & Coverdill, 1994
17	Last sex	F	-	28	37	-	10	Darroch et al., 1999
18	Ever: age 15/17	F	-	31	-	-	21	Zelnik & Kim, 1982
19	Ever: age 18/19	F	-	29	-	-	17	Zelnik & Kim, 1982
20	Ever	F	-	43	-	-	35	Swenson e al., 1989
21	Ever	M	-	45	50	-	43	Catania et al., 1992
22	Ever	F	-	68	72	-	49	Catania et al., 1992
23	Last 6 months	M	-	52	-	-	18	Peterson et al., 1998
24	Ever	F	-	23	35	-	19	Guttmacher, 1994
25	None	M	-	48	55	-	46	Catania et al., 1994
26	None	F	-	60	76	-	48	Catania et al., 1994
27	Inconsistent	F	-	21	-	-	15	Peterson et al., 1998
28	Inconsistent	M/F	-2.64	0	-1.9	-	-.9	Sikkema et al., 2004
29	None	F	-	16	9	-	9	Mosher & Jones, 2010
30	None	F	21	45	38	-	24	Rocca, 2012

Rows 1-11 give data for the percentages of different racial groups who did not use contraception on the occasion of their first sexual intercourse. Rows 1 and 2 show the results of an analysis of an American national probability sample survey of 670 15–19 year old young women and 936 17–21 year old young men carried out in 1979. The data consist of the percentages of blacks and whites who did not use any type of contraception on the occasion of their first sexual intercourse and shows lower use of contraception by blacks than by whites. Row 3 gives data for a national sample of 2042 15-24 year-old women who did not use any form of contraception on the occasion of their first sexual intercourse and shows greater non-use of contraception by blacks and Hispanics, as compared with whites. Rows 4, 5 and 6 present data on the non-use of contraception for further samples and rows 7 and 8 present data for a sample of 18-year-old male and female Native Americans drawn from the Adolescent Health Survey showing high rates of non-use of contraception. Row 9 shows data for 1,880 youths from the 1988 National Survey of Adolescent Males. Rows 10 and 11 give data from the 1982 and 1988 National Surveys of Family Growth based on 7,969 and 8,450 15-44 year-old women. These studies show that blacks, Hispanics and Native Americans are less likely than whites to use contraception on the occasion of their first

sexual intercourse. Notice, however, that blacks, Hispanics and Native Americans tend to have their first sexual intercourse at younger ages than whites are therefore less mature and less likely to use contraception for this reason.

Rows 12 and 13 give results for women surveyed in 1976 and 1982 described as “not pregnant, sterilized of seeking to get pregnant who, for whatever reason, have chosen not to use a contraceptive method” (p. 59) and shows that the percentages of these were greater among blacks than among whites. Row 14 confirms the greater percentage of black women not using contraception.

Rows 15 through 24 show the results of studies on the inconsistent or non-use of contraception on occasions other than first sexual intercourse. Row 15 shows data from an American national probability survey of 2,058 18-70 year olds and gives the percentages of blacks and whites who had had more than one sexual partner in the previous year and who never used condoms or who used them inconsistently. Row 16
gives the results from the National Longitudinal Study of Labor Force Experiences of sexually active unmarried women showing highest rates of non-use of contraception among Hispanics, intermediate rates in blacks, and lowest rates in whites. Row 17 shows the results from the 1995 National Study of Family Growth of 18 year old females who did not use contraception during their last sexual intercourse showing much higher rates in blacks and Hispanics than in whites. Rows 18 and 19 give data from a 1979 survey showing more black than white females aged 15-17 and 18-19 who did not use contraception. Row 20 shows more black than white females not using contraception. Rows 21 and 22 show data from a survey of 1,229 sexually active unmarried men and women in San Francisco with a high rate of sexually transmitted diseases who seldom or never used condoms showing higher rates in blacks and Hispanics than in whites. Row 23 gives results from a study of gay and bisexual African-American men who reported a substantially higher prevalence of unprotected anal intercourse during the past 6 months (52%) in 1990 than did gay and bisexual white men in the AIDS Behavioral Research Project (15%) and the San Francisco Men's Health Study (20%) in 1988. The authors comment that “These results suggest that, in the second decade of the AIDS epidemic, behavioral interventions are urgently need to help African-American men reduce their high-risk behaviors”.

Row 24 gives results from a study of 15-19 year old women showing that Hispanics had the greatest percentage not using contraception followed by blacks, and the lowest percentage in whites. Rows 25 and 26 give results confirming that Hispanics had the greatest percentage not using contraception followed by blacks, and whites the lowest percentage. Row 27 shows the results from the National Survey of Family Growth for 1,485 women who took the contraceptive pill but had not taken it consistently during the preceding three months showing a higher percentage in blacks than

in whites. Row 28 shows the results for risk taking by non-use of contraception in a sample of 1,072 teenagers with an average age of 14.5 years. The results are presented as a multinomial logistic regression analysis of higher (=1) vs no risk (=0) teens. The zero for blacks indicates the highest score for high risk, and the negative scores for the other groups indicate lower scores for risk, with Asians obtaining the lowest score. Row 29 shows the results for risk taking by non-use of contraception in the 2006-2008 National Survey of Family Growth study of sexually active unmarried women showing that blacks had the greatest percentage not using contraception followed by Hispanics and whites. Row 30 gives the results for risk taking by non-use of contraception in a sample of 602 sexually active unmarried women aged 18-29 showing that blacks had the greatest percentage not using contraception followed by Hispanics and whites, while Asians had the lowest percentage of risk takers.

A further measure of recklessness in sexual behavior is available in failure to use contraception by those not wishing to become pregnant resulting in unwanted and unplanned pregnancies and births. Virtually all teenage pregnancies can be regarded as resulting from recklessness in having unprotected sex because hardly any teenagers have babies intentionally (Kalmuss, 1992). Hence the prevalence of these provides a further index of recklessness in sexual behavior. Results of studies of teenage births are given in Table 2.32.

Table 2.32. Race differences in teenage females' unplanned pregnancies and births (percentages)

	Measure		Asian	Black	Hisp-anic	Native American	White	Reference
1	Births aged 10-14		-	0.50	0.20	-	0.05	Guttmacher, 1994
2	Births aged 10-14		-	0.30	0.26	-	0.03	Taylor et al., 1999
3	Births aged 15-23		-	8.4	6.5	-	2.3	Guttmacher, 1994
4	Births aged 15-17		-	7.7	5.2	-	2.2	Hollander, 1996
5	Births aged 15-19		2.5	8.5	7.5	-	3.5	Burke, 1997
6	Births aged 10-18		2.6	16.2	10.1	8.4	5.2	Moore et al., 1998
7	Teen pregnancy		-	27	34	31	19	Kenny et al, 1997
8	Unplanned pregnancy		-	72	49	-	43	Henshaw, 1998
9	Unplanned births		-	51	30	-	27	Henshaw, 1998

Row 1 shows data for 1990 for the percentages of girls aged 10-14 who had babies and shows that this was ten times greater among blacks than among whites and four times greater among Hispanics, as compared with whites. Row 2 presents the percentages of 10-14 year old girls who gave birth in California in 1993-1995 and shows similar results with blacks having babies ten times more frequently and Hispanics about nine times more frequently than whites. Row 3 shows the percentages of 15-23 year old girls having babies for 1990 and again shows that this was considerably higher for blacks than for whites, with Hispanics intermediate. Row 4 confirms this

difference for 15-17 year olds. Row 5 gives the teenage birth rates in California in 1985 and shows the highest rate among blacks followed in descending order by Hispanics, whites and East Asians. Row 6 presents data for 1992 from a national sample of 18 year old women and shows that the percentages who had had a child were more than three times greater among blacks and about twice as great among Hispanics, about 50 per cent greater among Native Americans and about half as great among East Asians, as compared with whites,. Row 7 presents data for 1,937 young women aged 18-22 from a south-western American state and reports the percentages who had had a teenage pregnancy, showing that this was substantially higher among blacks, Hispanics and Native Americans than among whites. Rows 8 and 9 show 1994 data for the numbers of women aged 15-44 who had at least one unplanned pregnancy and at least one unplanned birth and shows that both of these were greatest among blacks and lowest among whites, with Hispanics intermediate.

A study of sexual risk taking among women defined as having a partner who was HIV positive, an injection drug user in the last five years, non-monogamous, a transfusion recipient or a haemophiliac has been reported by Grinstead, Faigeles, Binson & Eversley (1993). The percentages of these sexual risk takers were blacks 6.3, Hispanics 5.1, and whites 4.3.

Unplanned pregnancies and births are also caused by reckless behavior by men. Studies of men's contribution to unplanned pregnancies and births in the 1980s are summarised in rows 1 to 6 of Table 2.33. All the studies show greater percentages of unplanned pregnancies and births among blacks than among whites.

Table 2.33. Race differences in teenage males' unplanned pregnancies and births (percentages)

	Measure	Black	His-panic	White	Reference
1	Teen pregnancy	14	7	5	Marsiglio, 1987
2	Fathers pleased	9	4	4	Marsiglio, 1987
3	Fathers pleased	9	5	6	Marsiglio, 1993
4	Fathers didn't care	11.1	-	5.6	Moore & Stief, 1991
5	Fathers didn't think	16.5	-	9.2	Moore & Stief, 1991
6	Teen pregnancy	31	41	8	Thornberry et al., 1997

Row 1 shows data for teenage males obtained from a nationally representative sample of 12,686 respondents in the American National Survey of Adolescent Males. It shows that the percentage of teenage blacks who had fathered an illegitimate child was approximately three times greater than that of whites, with Hispanics intermediate. Row 2 gives data for adolescent males in the same survey who were asked if they would feel "very pleased"' if they were responsible for an unplanned pregnancy. To be very pleased about producing an unplanned pregnancy in a teenage girl can be regarded as an index of a reckless attitude towards the wellbeing of others. The results show that the

percentage of teenage blacks who had fathered a child and who would be “very pleased” to produce a pregnancy was more than double the percentages of Hispanics and whites. Row 3 presents further data from a 1988 survey for adolescent males who were asked if they would feel “very pleased”’ if they were responsible for an unplanned pregnancy and again shows that the percentage of teenage blacks who had fathered a child and who would be “very pleased” to produce a pregnancy was greater than the percentages of Hispanics and whites. Rows 4 and 5 give data for 934 youths from the 1987 National Survey of Children who were asked how they felt about their partners becoming pregnant when they first had sex with them. Row 4 gives the percentages of those who “didn’t care”’ and shows about twice as many of these among blacks as among whites. Row 5 gives the percentages of those who “didn’t think”’ and shows the percentage of these about 80 per cent higher among blacks than among whites. Row 6 gives results for teenage males who had fathered an illegitimate child and shows this was greatest for Hispanics followed by blacks, and lowest for whites.

17. Sexually Transmitted Diseases

It has been shown that high rates of sexual risk taking are associated with high rates of sexually transmitted diseases (STDs) (Birthrong & Latzman, 2014). Psychopaths are high sexual risk takers, so it is not surprising that it has also been shown that psychopathic personality is associated with the contraction of STDs. For instance, in a sample of 164 black female adolescents in Baltimore, ratings for conduct disorder (a precursor of psychopathic personality) was correlated at .25 with having contracted an STD (Bachanas, Morris, Lewis-Gess et al., 2002). In a study of drug takers who were HIV infected, it was reported that 17.6 percent had antisocial personality disorder while 7.8 percent were without antisocial personality disorder (Brooner et al., 1993).

There are three reasons for the association of psychopathic personality with the contraction of STDs. First, psychopaths are risk takers so they tend to engage in unprotected and promiscuous sex, with the result that they are likely to contract STDs. Second, psychopaths have short time horizons, so they tend to opt for immediate gratification without regard to the longer term adverse consequences of possible STD infection that can be incurred by unprotected and promiscuous sex. Third, psychopaths tend to become drug addicted and are prone to engage in unprotected and promiscuous sex when they are under the influence of drugs. Thus, it has been found that women who report excessive alcohol and other drug use are significantly less likely to use condoms in their sexual relationships (Wingood & DiClimente, 1998). A correlation of .66 has been reported between drug use and having contracted an STD in a sample of black female adolescents in Baltimore (Bachanas, Morris, Lewis-Gess et al., 2002). In addition, female psychopaths sometimes sell sex for

cash to buy drugs, so they are at risk of contracting STDs. Amaro et al. (2001, pp.436-8) summarize numerous studies and conclude that "research indicates that illicit substance abuse increases women's risk for HIV", that "sexual risk-taking behaviors such as non-use of condoms, recent and past sexually transmitted diseases, multiple partnering, and sex with high risk partners, are more common among black and Latina women", and that "studies with young African-American men reveal that those who use crack are more likely to report multiple sex partnering and non-use of condoms, which are known HIV risk factors; they are more likely to engage in injection drug use as well as being more likely to engage in sex with injection drug users; they also report being more likely to engage in sex trade for drugs or money and more likely to have unprotected sex during sex trade; among incarcerated adolescents, crack users are more likely to have engaged in anal sex and frequent sex with female partners".

Race differences in the incidence and prevalence of HIV/AIDS are given for males and females combined in Table 2.34. Row 1 gives results for HIV infection per 1,000 among 137,209 Jobs Corps students aged 16-21 years in 1990 showing the highest rate for blacks, followed by Hispanics, and the lowest rates for whites. Row 2 gives results for AIDS given by Rushton (2000, p. 181) from data from the Centers for Disease Control and Prevention showing similar figures to those in row 1. Rows 3 and 4 give HIV incidence rates (new infections) for 2008 and 2010 and show the highest rates for blacks, followed by Hispanics, and the lowest rates for Asians and whites. Row 5 gives national data for the percentages of HIV incidence rates for 2011 for young men who have sex with men and shows the highest rate for blacks, who were about 15 percent of the population and comprised 63 percent of HIV incidence rates. Hispanics and whites were about equally represented but Hispanics were a smaller percentage of the population.

Table 2.34. Race differences in incidence and prevalence of HIV/AIDS per 1,000

	STD	Asian	Black	Hisp-anic	Native American	White	Reference
1	HIV, 1990	-	5.3	2.6	-	1.2	St. Louis et al., 1991
2	AIDS, 1993	0.00	3.56	3.56	-	0.86	Rushton, 2000
3	HIV, 2008	0.10	0.74	0.26	0.14	0.08	Centers Disease Control, 2012
4	HIV, 2010	0.08	0.69	0.28	0.11	0.09	Centers Disease Control, 2012
5	HIV, 2011: %	-	63	16	-	18	Centers Disease Control, 2012

Race differences in sexually transmitted diseases other than HIV/AIDS are given in Table 2.35. Rows 1 through 4 show from 1982 through 2011 the highest rates of syphilis among blacks followed by Hispanics and Native Americans, with lower rates among whites and Asians. Rows 5 and 6 show the same race differences in 2011 for chlamydia and gonorrhea.

Table 2.35. Race differences in incidence of sexually transmitted diseases per 100,000

	STD	Sex	Asian	Black	Hisp-anic	Native American	White	Reference
1	Syphilis, 1982	M	7.4	101.9	43.8	21.4	10.3	Rolfs & Nakashima, 1990
2	Syphilis, 1989	M	2.8	147.4	27.3	4.9	3.2	Rolfs & Nakashima, 1990
3	Syphilis, 2011	M	3.1	27.0	8.5	5.0	4.4	Centers Disease Control, 2011
4	Syphilis, 2011	F	0.1	5.1	0.6	0.5	0.3	Centers Disease Control, 2011
5	Chlamydia, 2011	MF	#	1,194	384	648	159	Centers Disease Control, 2011
6	Gonorrhea, 2011	MF	#	427.3	53.8	115.7	25.2	Centers Disease Control, 2011

Note: # = rates lower than those of whites

It is possible that the race differences in STDs are determined at least in part by differences in intelligence. Low intelligence is associated with low general knowledge, so possibly blacks and Hispanics with lower IQs have not acquired the knowledge that unprotected sex incurs the risk of STDs, as a result of which they are mpre prone to engage in unprotected sex and contract an STD. However, Bachanas, Morris, Lewis-Gess et al. (2002) in their study of black female adolescents in Baltimore found no association between knowledge of HIV and having contracted an STD (r= .05). This suggests that the race differences in STDs are not determined by differences in intelligence but by differences in psychopathic personality.

18. Sexual Precocity

It has frequently been shown that early sexual experience (sexual precocity) is a feature of psychopathic personality disorder (e.g. Khurana, Romer, Betancourt et al., 2012). Studies providing data on race differences in age of first sexual intercourse as a measure of sexual precocity are summarised in Table 2.36.

Table 2.36. Race differences in age of first sexual intercourse (percentages, ORs)

		Age	Sex	Asian	Black	His-panic	Native American	White	Reference
1		17	M/F	-	51	-	-	21	Rushton, 2000
2		12	F	.03	.19	.08	-	.03	East, 1998
3		13	M	-	49	-	-	18	Coker et al., 1994
4		13	F	-	12	-	-	3	Coker et al., 1994
5		13	M/F	4	33	15	-	14	Schuster et al., 1998
6		13	M	-	56	52	-	-	Raine et al., 1999
7		13	F	-	21	13	-	-	Raine et al., 1999
8		15	F	-	31	-	-	11	Zelnik & Kantner, 1980
9		15	F	-	39	-	-	13	Zelnik & Kantner, 1980
10		15	F	-	41	-	-	18	Zelnik & Kantner, 1980
11		15	F	-	39	-	-	14	Hofferth et al., 1987a
12		15	F	-	42	-	-	18	Hofferth et al., 1987b
13		15	M	-	65	-	-	32	Zelnik & ShaH, 1983
14		15	F	-	37	-	-	14	Zelnik & ShaH, 1983
15		15	F	-	45	-	-	14	Sonenstein et al., 1991

16		15	F	-	25	-	-	15	Hofferth & Hayes, 1987
17		15	M	-	42	19	-	12	Hofferth & Hayes, 1987
18		15	F	-	10	4	-	5	Hofferth & Hayes, 1987
19		15	M	-	69	32	-	26	Sonenstein et al., 1989
20		15	M	-	49	-	-	21	Sonenstein et al., 1991
21		15	M	-	-	59	-	32	Sabogal et al., 1995
22		15	F	-	-	15	-	12	Sabogal et al., 1995
23		15	M	-	46	38	-	29	Gruber et al., 1996
24		15	F	-	33	29	-	22	Gruber et al., 1996
25		15	M	-	-	-	22	-	Blum et al., 1992
26		15	F	-	-	-	15	-	Blum et al., 1992
27		15	MF	30	68	57	72	55	Guttmacher et al., 1997
28		15/17	F	-	44	36	-	30	Forest & Singh, 1990
29		15/17	F	-	50	36	-	36	Forest & Singh, 1990
30		15/19	F	-	63	-	-	37	Ford et al., 1981
31		15/19	M	-	81	60	-	57	Sonenstein et al., 1998
32		16	M	-	57	-	-	24	Furstenberg et al., 1987
33		16	F	-	38	-	-	17	Furstenberg et al., 1987
34		16	MF	7	39	18	-	23	Durbin et al., 1993
35		16	M	24	78	68	-	51	Schuster et al., 1998
36		16	F	30	65	46	-	48	Schuster et al., 1998
37		16	M/F	27	-	-	-	50	Hou et al., 1997
38		17	M	-	42	35	-	24	Leigh et al., 1994
39		17	F	-	40	13	-	28	Leigh et al., 1994
40		17	M	-	4.6	1.2	-	1.0	Santelli et al., 2000
41		17	F	-	1.6	0.7	-	1.0	Santelli et al., 2000
42		15	M/F	0.3	2.0	1.6	-	1.0	Boyer et al., 1999
43		15/19	M	-	80	61	-	49	Sonenstein et al., 1998
44		12/14	MF	-	31	23	-	16	Moore et al., 2013

Row 1 gives Rushton's (1995) analysis of the Kinsey archive for the percentages of black and white college students and graduates who had had sexual intercourse before the age of 17 and shows more than double the proportion among blacks. These data were collected over the years 1938-1963. More recent studies have confirmed and extended this difference by showing greater proportions of blacks than whites with precocious sexual experience and providing information for other racial and ethnic groups. Row 2 gives results for a study of 527 12 year olds in California and shows that blacks had the highest percentage who had had sexual intercourse followed by Hispanics, while Asians and whites had the lowest. Rows 3 and 4 give data derived from a sample of 5,478 adolescents in the Youth Behavior al Risk Survey obtained in South Carolina; they give the percentages of boys and girls who had had sexual intercourse before the age of 13 and show that this was about two and a half times more frequent among blacks than among whites. Row 5

presents the results of a survey of 2,026 adolescents in Los Angeles who were sexually experienced by the age of 13; it confirms that the proportion of blacks was about two and a half times greater than that of whites; it shows also that the proportion of Hispanics was about the same as that of whites while the proportion of East Asians was only about a third of that of whites. Rows 6 and 7 show that blacks had a higher percentage than Hispanics of those who had had sexual intercourse by the age of 13. Rows 8 through 27 give further studies showing the percentages of those who had had sexual intercourse by the age of 15. Rows 28 and 29 show black females had the highest proportion of sexually experienced by the age of 15 to 17, followed by Hispanics and whites.

Rows 30 and 31 show blacks had the highest proportion of sexually experienced by the age of 15 to 19, followed by Hispanics and whites. Rows 32 to 36 show blacks had the highest proportion of sexually experienced by the age of 16, followed by whites and Hispanics, while Asians had the lowest proportion. Row 37 gives results for the percentages of those who had had sexual intercourse by the age of 16 showing this is much lower in Asians than in whites. Rows 38 and 39 give results for the percentages of those who had had sexual intercourse by the age of 17 showing this highest in blacks.

Rows 40 through 42 give results as odds ratios with whites equal to 1.0 from the Youth Risk Behavior Survey showing higher percentages of blacks who had had sexual intercourse by the age of 17, and about equal percentages of Hispanics and whites. Row 43 shows blacks had the highest proportion of sexually experienced by the age of 15 to 19, followed by Hispanics and whites. Row 44 gives results from a 2009 study showing that among 12-14 year olds approximately twice as many blacks as whites were sexually experienced, with Hispanics intermediate.

The general pattern in these results is that the percentage of those with sexual experience is consistently greater among blacks than among whites. Hispanics are typically intermediate between blacks and whites while Asians are have less experience than whites. The data for Native Americans are limited to three studies with inconsistent results although the only study that gives comparative data for other races shown in row 27 gives the highest percentage with experience of sexual intercourse. It should be noted that the race differences in sexual precocity may be explicable in terms of differences in sexual maturation documented by Rushton (2000).

Studies providing data on race differences in sexual precocity assessed as age of first intercourse are summarised in Table 2.37. These studies show that blacks have earlier first sexual intercourse than whites and Hispanics, while Asians have the latest first sexual intercourse. Row 12 gives the most recent data from the National Longitudinal Study of Youth.

Table 2.37. Race differences in age of first intercourse

	Sex	Asian	Black	His-	White	Reference

				panic		
1	M	-	14.4	-	15.9	Zelnik & Shah, 1983
2	F	-	15.5	-	16.4	Zelnik & Shah, 1983
3	MF	16.4	14.4	15.3	16.2	Moore & Erickson, 1985
4	F	-	16.8	-	17.4	Wyatt, 1991
5	M		13.4	-	-	Tucker, 1991
6	M	-	14.3	15.4	16.3	Day, 1992
7	F	-	16.8	17.8	17.4	Day, 1992
8	MF	-	15.1	-	-	Lawrence et al., 1995
9	M	17.9	-	-	16.9	Meston et al., 1996
10	F	18.2	-	-	17.0	Meston et al., 1996
11	M	-	13.6	-	-	Samuels, 1997
12	MF	-	15.3	-	16.1	Biello et al., 2013

A further measure of sexual precocity is available in teenage birth rates. Race differences in these are given in Table 2.38. The results show that in the three teenage age groups blacks had the greatest percentages of teenage births followed by Hispanics, while whites had the lowest percentages.

Table 2.38. Race differences in teenage birth rates (percentages)

Age	Black	Hispanic	White	Reference
10/14	0.5	0.2	0.05	Guttmacher, 1994
15/17	8.4	6.5	2.3	Guttmacher, 1994
18/19	16.3	14.8	7.2	Guttmacher, 1994

While the studies summarized in this section provide considerable evidence for greater sexual precocity in blacks than in Asians, Hispanics and whites, this may be attributable to the earlier maturation of blacks, documented Herman-Giddens, Slora & Wasserman (1987) and Rushton (2000).

18. Child Maltreatment

We consider next the psychopathic personality characteristic described by the American Psychiatric Association as “inability of function as a responsible parent”. This inability can be assessed by child maltreatment, abuse and neglect. Data for racial differences in this are summarised in Table 2.39.

Table 2.39. Race differences in child maltreatment, abuse and neglect (percentages)

	Child maltreatment		Asian	Black	His-panic	Native American	White	Reference
1	Child abuse		-	2.1	-	-	1.2	Hampton et al., 1989
2	Child neglect		-	0.39	0.32	-	0.28	Lauderdale et al., 1980
3	Children adopted		-	19	-	-	2	Bachraach et al., 1992
4	Children fostered		-	-	-	25	0.05	Westermayer, 1977
5	Infant homicide		0.004	0.020		0.020	0.006	Overpeck et al., 1998
6	Infant homicide		-	0.025	0.006	-	0.007	Finkelhor, 1997
7	Child homicide		-	0.009	0.002	-	0.002	Finkelhor, 1997

8	Child neglect		0.5	6.0	1.8	4.2	0.7	Ards et al., 2003
9	Child neglect		0.9	6.0	2.3	5.0	0.7	Ards et al., 2003
10	Maltreatment		-	30.0	20.7	-	13.5	Putnam-Hornstein et al., 2013

Row 1 presents the results of a study of child abuse and neglect collected by the American Association for Protecting Children. They report that in the 1980 census black children constituted approximately 15 per cent of the child population, while from 1976 to 1980 approximately 19 per cent of children suffering child abuse and neglect were black. For 1982, 1984 and 1985, the figures were 22.0, 20.8 and 26.8 per cent, respectively. Thus, black children are about 50 per cent over-represented in these figures. Hampton et al. (1989) examined this question further by an analysis of the American First (1975) and Second (1985) National Family Violence Surveys. In these surveys severe violence towards children is defined as hitting them with the fist or with some object, and kicking, biting and beating them up. It does not include what is designated "minor violence" consisting of slapping or spanking. The percentages of black and white children subjected to severe violence in the two surveys for 1975-85 combined are shown in row 1 of Table 2.35 showing that almost twice as many black children as white were subjected to severe violence.

Row 2 gives the results of a study of child abuse and neglect in Texas over the years 1975-1977. All the 36,945 cases validated by the Department of Human Resources were analysed by racial and ethnic group. The incidence was calculated in relation to the numbers of blacks, whites and Hispanics in the population and shows the rates of child abuse and neglect were about 40 per cent greater among blacks than among whites, and about 14 per cent greater among Hispanics than among whites. Row 3 gives results for a further index of irresponsible parenting consisting of the numbers of children given up by single mothers for adoption and shows this approximately ten times greater by blacks than by whites. Row 4 presents data for children taken away from their parents because of neglect or abuse and put into foster homes or placed out for adoption in the state of Minnesota in the 1960s and 1970s and shows that 25 per cent of Native American children were fostered or adopted compared with 0.05 per cent of whites.

The most extreme expression of the inability to function as a responsible parent consists of killing a child. Racial differences in the homicide of infants in their first year of life are shown in row 5. The authors of this study examined the histories of approximately 35 million babies born between 1983 and 1991. They found that 2,776 of these had been murdered. They were not able to obtain information on the perpetrators of these homicides but they cite studies showing that the great majority of the infant homicides are carried out by the mothers or the mothers' husbands or partners. They calculated the rate of infant homicides for blacks, East Asians, Native Americans and whites, with the results shown in given row 5 showing that the infant homicide rate of blacks and Native Americans is approaching four times as great as that of whites, while the rate among Asians

is about two thirds the white rate. Row 6 gives similar data for 1991-1992 for the murder of infants in their first year of life calculated from Uniform Crime Reports and shows a black rate of infant homicide about three and a half times greater than that of whites and Hispanics. Row 7 extends this analysis to infants aged between 1 and 2 years and shows that for this age group the homicide rate has fallen but that blacks killed their infant children at about four and a half times the rate of whites and Hispanics. Rows 8 and 9 give race differences in child neglect in Minnesota in 1993 and 1999 showing the highest rate in blacks, followed by Native Americans, Hispanics, Asians and whites. Row 10 gives data for 2002-2007 for the percentages of 74,182 children aged 0-5 years in California referred for maltreatment and shows the rate for blacks more than twice as great as that for whites, with Hispanics intermediate.

In further studies race differences in irresponsible parenting have been expressed as odds ratios in relation to the rate for whites set at zero. Data for these are summarised in Table 2.40. Row 1 gives data for the percentages of neglected children for 1988 and shows that the prevalence of child neglect was 60 per cent greater among Hispanics and 80 per cent greater among blacks, as compared with whites. Row 2 gives the percentages of child maltreatment collected by the United States Department of Health and Human Services for 19996 and shows maltreatment about three times greater among blacks and about one and a half times greater among Hispanics, as compared with whites. Row 3 gives the percentages of child maltreatment for five states for 2000 and shows maltreatment about twice as great among blacks and slightly greater among Hispanics, and much lower among Asians as compared with whites.

Table 2.40. Race differences in child neglect and maltreatment (odds ratios)

	Measure		Asian	Black	Hisp-anic	White	Reference
1	Neglect		-	1.8	1.6	1.0	American ASPC, 1988
2	Maltreatment		-	3.1	1.5	1.0	US Dept Health, 1996
3	Maltreatment		.58	1.9	1.1	1.0	Fluke et al., 2003

19. Self-esteem

People with high self-esteem have a high opinion of themselves, their families, and their social capacities and abilities. It has been reported that high self-esteem is positively correlated at .23 with psychopathy in a sample of male prison inmates (Cale & Lilienfeld, 2006) and at .43 with Factor 1 psychopathy (superficial charm, poor moral sense) among college students (Falkenbach, Howe & Falki, 2013). It has been shown in numeous studies that blacks have higher self-esteem that whites. Twelve studies reporting this were cited by Harris & Stokes (1978) and further studies have been reviewed by Cross (1985) and cited by van Laar (2000, p.35): “African-American students have generally been found to have equal or higher self-esteem than white students”.

Recent studies of race differences in self-esteem are given in Table 2.41. Row 1 gives results of a study of 6,504 7-12th grade school students showing the percentages with high self- esteem measured by questions like "I have a lot to be proud of" and shows the highest perentage among blacks followed by Hispanics and whites, and the lowest percentage among Asians. Row 2 from the same study gives the percentages scoring above 75 perecnt on the self-esteem questionnaire showing the same race differences. Row 3 gives results of a meta-analysis as deviations from whites set at zero and shows that blacks have the highest self-esteem followed by whites, while Hispanics and Native Americans have lower self-esteem than whites, and Asians have the lowest self-esteem. Row 4 gives results from a later meta-analysis as deviations from whites set at .zero and shows that blacks and Hispanics have higher self-esteem than whites, and Asians have lower self-esteem than whites. Rows 5 through 10 give results as scores on self-esteem from a study of 8th, 10th and 12th grade school students and shows that blacks have the highest self-esteem, followed by about equal scores for Hispanics and whites, while Asians have the lowest self-esteem. Row 11 gives results for female teenagers on a self-esteem questionnaire showing significantly higher scores by blacks.

Table 2.41. Race differences in self-esteem (percentages, Ors)

	Self-esteem	Asian	Black	Hisp-anic	Native American	White	Reference
1	MF: %	29	52	38	-	40	Bankston & Zhu, 2002
2	MF: %	63	82	70	-	74	Bankston & Zhu, 2002
3	MF: *d*	-.30	.19	-.09	-.21	.00	Twenge & Crocke, 2002
4	MF: *d*	-.30	.17	.25	-	.00	Foldes et al., 2008
5	M: grade 8	4.06	4.14	4.00	-	4.14	Bachman et al., 2010
6	F: grade 8	3.80	4.15	3.83	-	3.98	Bachman et al., 2010
7	M: grade 10	3.88	4.31	4.18	-	4.13	Bachman et al., 2010
8	F: grade 10	3.69	4.22	3.99	-	3.88	Bachman et al., 2010
9	M: grade 12	3.90	4.31	4.20	-	4.16	Bachman et al., 2010
10	F: grade 12	3.76	4.31	4.09	-	3.98	Bachman et al., 2010
11	F: teenagers	-	35.2	-	-	32.4	French & Neville, 2013

20. Drug and Substance Abuse

Many studies have found that drug use and abuse are associated with psychopathic personality, e.g. "the relationship between psychopathic behavior and drug abuse is strong" (Fals-Stewart, 2005, p.311); and "studies have reported that 80–85% of individuals with ASPD meet criteria for a substance use disorder …compared to the estimated US population lifetime prevalence rates of 13.5 % for alcohol use disorders and 6.1 % for other drug use disorders" (Glenn, Johnson & Raine, 2013, p 427). It has been reported that psychopathic personality was present in 44 percent of samples with substance abuse and drug dependence (Brooner et al., 1993; Compton, Cottler, Abdallah et al., 2000). It has also been found that opiate addicts score high on Eysenck's psychoticism trait, a measure of psychopathic personality (Doherty & Matthews, 1988). Drug use and abuse are a component of Hare's second psychopathic personality factor consisting of a syndrome of nine

"social deviance" characteristics that include poor behavior controls and an inability to control the need for immediate gratification at the expense of long term adverse consequences.

There is such a large literature on race differences in substance abuse that it is not possible to cover it comprehensively here but sufficient studies are given to illustrate the race differences in Table 2.42. Row 1 gives death rates for blacks and whites from substance abuse for 1989 published by the National Center for Health Statistics and shows this was more than twice as great among blacks as among whites. Row 2 gives differences in the percentages of those with substance abuse in a sample of 19,688 outpatients seen at county mental health clinics in Los Angles between 1983-1988 and shows the highest percentage in blacks followd by Hispanics and whites, with the lowest percentage in Asians divided approximately equally between Northeast Asians (Chinese, Japanese and Koreans) and Southeast Asians (Filipinos, Cambodians, Vietnamese, etc). Row 3 gives current elicit drug use rates for blacks, Native Americans and whites from the 1999 Household Survey of Drug Use and shows the highest percentage in Native Americans followd by blacks and whitres. Row 4 shows the results of a study of 7,740 12-17 year olds males admitted to hospital for traumatic injuries and tested positive for drug use. Row 5 gives the same data for females, and both show the highest percentage in blacks. Row 6 gives data for drug offences in 2001 with whites set at 1 showing the highest rates among blacks followed by Hispanics and Native Americans and lowest rates among Asians.

Row 7 gives data for drug offences in 2010 with whites set at 1 showing the highest rates among blacks followed by Hispanics and the lowest rates among whites.

Rows 8 and 9 show greater alcohol abuse among Native Americans and less alcohol abuse among Asians compared with whites. Row 10 gives percentages of blacks and whites who consumed five or more drinks a day and shows greater alcohol consumption by blacks. These results confirm many studies that have found that blacks and Native Americans have higher rates of alcohol abuse and of disorders caused by alcohol abuse (e.g. liver cirrhosis, death from alcoholism) than whites shown by Kerr, Patterson & Greenfield (2009) and confirmed in a review of forty studies by Zapolski et al. (2014).

Rows 11 through 15 give data for the use of cigarettes. Row 11 shows the highest current use of cigarettes by blacks, followed by whites and Hispanics, and the lowest use in Asians. Row 12 shows a higher current use of cigarettes among 18 year olds by Native Americans than among whites. Row 13 shows a lower current use of cigarettes among Asians than among whites. Row 14 gives 2011 data showing the highest use of cigarettes among Native Americans and the lowest use among Asians. Row 15 gives 1990s data for Californian school students showing a lower use of cigarettes among Asians than among whites.

Rows 16 through 19 give data for the use of cocaine. Row 16 gives lifetime use of cocaine among 18 year olds showing the percentage of Native American users higher than that of whites.

Rows 17 and 18 give last month use of cocaine among 31 year old men and women showing the percentage of blacks users higher than that of whites.

Row 20 gives lifetime use among 18 year olds presented as odds ratios and shows the percentage of Native American users three times higher than that of whites. Row 21 gives data for the lifetime use of hallucinogens (e.g. LSD) from a 1988-90 study showing the prevalence rate among Native American 18 year olds greater than that of whites. Rows 22 through 26 give data for the use of inhalants consisting principally of gasoline (petrol), glue, paint, polish remover and lighter fuel. Row 22 gives data for the prevalence rates of 12-17 year old Native Americans who have used inhalants of and of all Americans of the same age entered as whites reported by Fishburne, Abelson & Cisin (1980). Row 23 gives data for the race differences in the lifetime use of inhalants among 18 year olds in a 1988-90 study showing prevalence rates of Native American youth were greater than those of whites. Row 24 confirms this result and also shows the life time prevalence among Hispanics as the same as that of whites. Row 25 further confirms this result on a study of over 8,000 secondary school students who "sometimes used inhalents" showing greater prevalence among Native American than among whites but lower prevalence among blacks. Row 26 gives lifetime use among Californian school students shwing greater use among whites than among Asians.

Rows 27 through 32 give race differences in use of marijuana (cannabis). Row 27 gives data for the lifetime use of marijuana from a from a 1988-90 study showing the prevalence rate among Native American youth greater than that of whites. Row 28 confirms the greater lifetime use of marijuana from a study of an American sample of 1,512 13-18 year olds and also shows a high prevalence among Hispanics.

Rows 29 and 30 give results for men and women from the American CARDIA (Coronary Artery Risk Development in Young Adults) study of 5,115 young adults for at least one day of marijuana use during the last month. The results show that black men used marijuana more than white men, but there was no difference in use between black and white women. Row 31 gives lifetime use among Californian school students shwing greater use among whites than among Asians. Row 32 gives a further study showing a high use of marijuana by Native Americans.

Row 33 gives data for the lifetime use of stimulants (e.g. amphetamines, ecstacy) from a 1988-90 study showing the prevalence rate among Native American 18 year olds greater than that of whites. Row 34 confirms the greater lifetime use of stimulants by Native Americans from a study of an American sample of 1,512 13-18 year olds and also shows a higher prevalence among Hispanics than among whites.

Table 2.42. Race differences in drug and substance abuse (percentages; ORs)

	Abuse	Asian	Black	Hisp-anic	Native American	White	Reference
1	Substance	-	11.4	-	-	4.8	Nat.Cent., 1991
2	Substance	15.4	30.9	28.0	-	25.7	Flaskerud & Hu, 1992
3	Substance	-	7.7	-	10.6	6.6	Amaro et al., 2001
4	Substance	-	32.8	22.2	-	20.0	Marcin et al., 2003
5	Substance	-	17.8	12.8	-	17.1	Marcin et al., 2003
6	Drug offences	0.2	12.5	5.2	1.8	1.0	Taylor, 2005
7	Drug offences	-	2.8	1.6	-	1.0	Diamond et al., 2012
8	Alcohol	-	-	-	55	35	Walls et al., 2013
9	Alcohol	16.3	-	-	-	32.9	Wong et al, 2004
10	Alcohol	-	30.6	-	-	21.6	Dawson, 1998
11	Cigarettes	12	51	16	-	23	Navarro,1999
12	Cigarettes	-	-	-	75	62	Oetting & Beauvais,1990
13	Cigarettes	20	-	-	-	27	Gardner,1994
14	Cigarettes	13	26	20	43	29	Substance Abuse Admin, 2012
15	Cigarettes	25.2	-	-	-	43.9	Wong et al, 2004
16	Cocaine	-	-	-	14	8	Oetting & Beauvais,1990
17	Cocaine: m	-	8.4	-	-	2.1	Braun et al.,1996
18	Cocaine: w	-	2.1	-	-	1.2	Braun et al.,1996
19	Cocaine:	2.9	-	-	-	4.2	Wong et al, 2004
20	Heroin	-	-	-	3	1.0	Oetting & Beauvais,1990
21	Hallucinogens	-	-	-	18	10	Oetting & Beauvais,1990
22	Inhalants	-	-	-	31	11	Oetting et al., 1980
23	Inhalants	-	-	-	17	10	Oetting & Beauvais,1990
24	Inhalants	-	-	25	31	25	Swain et al.,1997
25	Inhalants	-	3	-	27	8	Carroll, 1977
26	Inhalants	8.1	-	-	-	13.6	Wong et al, 2004
27	Marijuana	-	-	-	67	38	Oetting & Beauvais,1992
28	Marijuana	-	-	64	61	49	Swain et al.,1997
29	Marijuana: m	-	38	-	-	34	Braun et al.,2000
30	Marijuana: w	-	22	-	-	22	Braun et al.,2000
31	Marijuana	10.4	-	-	-	26.5	Wong et al, 2004
32	Marijuana	-	-	-	27	17	Walls et al., 2013
33	Stimulants	-	-	-	24	13	Oetting & Beauvais,1990
34	Stimulants	-	-	33	28	26	Swain et al.,1997

The general pattern of the results given in Table 2.41 is that drug and substance abuse are high in blacks and Native Americans, intermediate in Hispanics, lower in white and lowest in Asians.

22. Altruism

Altruism is behavior that improves the welfare of another individual or individuals without improving or even reducing the welfare of the altruist. Altruism is the antithesis of the selfishness and lack of social concern of psychopaths and it has been shown that altruism is significantly negatively correlated with primary psychopathy at -.56 and with secondary psychopathy at -.33 (White, 2014). The neurophysiological basis of the altruism-psychopathy dimension is that altruists have an enhanced right amygdala volume and emotional responsiveness to viewing fearful expressions (a measure of empathy), while in psychopaths the right amygdala volume and responsiveness are reduced (Marsh et al, 2014). It would therefore be expected that there would be race differences in altruism consistent with the differences in a number of psychopathic behaviors that have been documented in previous sections. To assess this expectation, we first examine race differences in organ donation as an expression of altruism because it has been shown by Yeung, Kong & Lee (2000) and by Morgan & Miller (2002) that those who are willing to donate organs are

highly altruistic.

Studies of race differences in willingness to donate organs in the event of death and while alive, in the case of kidney donation, are summarized in Table 2.43. Row 1 gives percentage rates endorsing the question "I am willing to donate my organs or tissues at the time of my death" in a 1994 study of 683 college students and shows the percentage significantly lower in blacks than in whites, with Asians and Hispanics intermediate. It was also found in this study that there was little difference between the races in knowledge of organ transplantation; the question "I am knowledgable about organ procurement and about organ procurement system" was endorsed 36.6 of blacks, 37.5 percent of Hispanics, 41.7 percent of Asians, and 39.0 percent of whites. Row 2 gives rates of kidney donation per million population during 1991-1993 and shows higher donation rates by whites (9.20) than by blacks (8.85). This study also found that women had higher rates of donation than men among both blacks (10.0 vs 7.7) and whites (10.3 vs 8.1), indicating greater altruism in women, consistent with many studies showing that women are more altruistic and less psychopathic than men. Row 3 gives results from a study of Koreans in New York showing a high percentage of willing organ donors. Row 4 gives results from a study of over 6,000 telephone interviews reporting that 43% of whites, but only 31% of Hispanics and only 23% of blacks were willing to donate their organs after death. Row 5 gives results from a study of 278 ethnic Vietnamese in Seattle showing a high percentage (51.3 percent) were willing to donate organs after death. Row 6 gives results from a survey of high school students to the question 'I would like to become an organ donor' and shows more positive responses by whites (39%) than by blacks (24%). Row 7 gives results from a survey of college students again showing a much higher percentage of whites than of blacks willing to donate organs. Row 8 gives race differences expressed as odds ratios with the rate for whites set at 1.0 in a study of 883 students at nine inner-city high schools in Seattle who were asked whether they had signed an organ donor card. The results show that whites were more willing to donate than minorities, such that in relation to one white donor there were 0.42 black donors, 0.34 Asian donors and 0.40 Hispanic donors. This study also found that girls were significantly more willing to donate than boys.

Table 2.43. Race differences in willingness to donate organs (percentages)

	Asian	Black	Hisp-panic	White	Reference
1	39.6	36.6	45.3	59.2	Rubens, 1996
2	-	8.85	-	9.20	Bloembergen et al., 1996
3	54.5	-	-	-	Joun et al., 1997
4	-	23	31	43	McNamara *et al*., 1999
5	51.3	-	-	-	Pham & Spigner, 2004
6	-	24	-	39	Spigner et al., 2002

7	-	35	-	67	Cort & Cort , 2008
8	.34	.42	.40	1.0	Thornton et al, 2006

For a second expression of altruism we examine charitable giving. Several studies have examined race differences in this and have found that Asians, blacks and Hispanics donate less to charities than do whites, controlling for income disparities. Brown & Ferris (2007) found that compared to whites, Hispanics donate significantly less to religious purposes, and both African Americans and Hispanics donate less to secular purposes. Wang & Graddy (2008) in reviewing the research write that "Studies on race/ethnicity differences in charitable giving have consistently shown that being white is positively associated with the likelihood to donate or to donate higher amounts compared to other minority groups. Surveys have revealed that African Americans and Hispanics have lower rates of household giving and gave less amounts compared to whites", and they published additional data confirming these race differences.

Further evidence for race differences in charitable giving has been reported by Leslie, Snyder & Glomb (2013) in a study in which they investigated race differences in charitable donations to a workplace charity in a sample of 16,429 employees in a university. Most participants were non-academic staff (78%) rather than faculty. They gathered data on the amount each employee donated during the organization's annual month-long charitable giving campaign. Employees were invited to donate to charities concerned with alleviating poverty, the support of education and the treatment of illness. In examining the race differences in the amount of charitable giving, they controlled for salary, position and age because these are likely to affect the amount of charitable donations. They found that women donated $31 more to the workplace charity drive than did men, consistent with other research showing that women are more altruistic than men. They also found that all the minorities donated less to charity than did whites by an average $26. However, blacks gave more than whites to the black charity. Their results show that whites are more altruistic than other races in giving more to charities that support all races, while blacks support their own race by charitable giving but give less support than do whites to other races.

For a third expression of race differences in altruism we eamine a study of "organizational citizenship behavior" (OCB) defined as "individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and going beyond the call of duty. Actions that are examples of OCB include such things as assisting others and volunteering for activities not related to an individual's job description, e.g. planning the company picnic. It has been reported that whites show greater organizational citizenship behavior than do blacks (Jones & Schaubroeck, 2004).

23. Emotional Intelligence

Emotional intelligence (EI) is defined by Coleman (2008) as the ability to monitor one's own and other people's emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior. This ability is weak in psychopathic personality, and race differences in it would be expected. This has been confirmed by Whitman, Kraus & van Rooy (2014) in a study of 209 black and 125 white applicants for the job of fire fighters tested with the 16-item Wong and Law Emotional Intelligence Scale. Whites scored significantly higher than blacks at 6.41 (Sd 0.51) than blacks (6.14 (Sd 0.81) by approximately a third of a standard deviation (d = .32).

24. Race Differences in Criminal Samples

There have been three meta-analyses that have reported that in criminal samples blacks have higher levels of psychopathic personality than whites. In the first, Skeem, Edens, Sanford & Colwell (2003) have shown that in nine prison samples blacks had higher psychopathic personality by an average of 0.14*d*. In the second study, Skeem, Edens, Camp & Colwell (2004) reported that in 21 studies of correctional, substance abuse and psychiatric samples that blacks were more psychopathic than whites by 0.11*d*, a statistically significant difference. In the third study, McCoy & Edens (2006) reported that in 16 studies of youths with criminal records blacks were more psychopathic than whites by 0.20*d*, a statistically significant difference. Skeem, Edens, Sanford & Colwell (2003) argue that the differnce is negligible and that therefore that there is no significant difference between blacks and whites in psychopathy. This is a misunderstanding because most of those in criminal samples have already been selected for high psychopathic personality and hence little difference between blacks and whites would be expected. Analagously, although there is a large difference between blacks and whites in average intelligence, a large difference between blacks and whites in average intelligence would not be expected in samples of the mentally retarded. The small but consistently higher and statistically significant rates of psychopathic personality in blacks than in whites reported in the three meta-analyses is further testimony to its higher rate present in numerous general population samples.

Further studies of psychopathic personality in prison samples are summarized in Table 2.44. Row 1 gives results for a study showing that among prisoners 57 percent of blacks and 43 percent of whites received misconduct reports. Row 2 gives results for violent prison misconduct expressed as odds ratios with whites set at zero in which Hispanics showed the greatest violent misconduct followed by blacks, while whites and “others” largely Asians and entered as such showed the least.

Table 2.44. Race differences in psychopathic behavior in prison samples

	Measure	Asians	Blacks	Hisp-	Whites	Reference

				anic		
1	Misconduct: %	-	57	-	43	Ramirez, 1983
2	Violence: OR	.00	.09	.13	.00	Diamond et al., 2012

25. Race Differences in the Five Factor Personality Model

In recent years the major theory of personality is the five factor model consisting of anxiety, introversion-extraversion, conscientiousness, agreeableness and openness to experience. In terms of this model it has been shown that psychopathic personality is associated most strongly with low conscientiousness (Widiger & Lynam, 1998; De Cuyper, De Fruyt & Buschman, 2008). It has also been shown that academic dishonesty is correlated at -.22 with conscientiousness (Giluk & Postlethwaite, 2015). Race differences in conscientiousness in a sample of 3629 working adults have been reported by Goldberg, Sweeney, Merenda & Hughes (1998) and are given as correlations with whites such that negative correlations denote lower scores than those of whites. Blacks and Hispanics obtained significantly negative correlations of -.24 for blacks and the -.23 for Hispanics. Asians and Native Americans also obtained negative correlations of -.10 and -.07 but these were not statistically significant.

26. Conclusions

The pattern of results for the numerous measures summarised in this chapter is that psychopathic personality is greatest in blacks and Native Americans followed by Hispanics, lower in whites, and lowest in Asians, esprcially in Northeast Asians where data are given for these disagregated from Southeast Asians.

Chapter 3 Canada

The adult population of Canada consists of approximately 90 per cent of Europeans, 2 precent ethnic Chinese and 3 percent of Aboriginals (also designated First Nations) of whom approximately three quarters are Native American Indians and a quarter are Inuit. The remaining 5 percent are unclassified. Among those aged under 16 approximately 5 percent are Aboriginals.

1. Crime

Race differences in rates of crime for males and females combined are given in Table 3.1. Row 1 gives crime rates of juvenile delinquents in Vancouver in 1928/36 showing that rates of whites 15.6 times higher than those of ethnic Chinese and Japanese. Row 2 gives rates of admission to prison for 1986 showing that these were approximately eight times as great for Native Americans as

for the rest of the population. Row 3 gives race differences in convictions for violent crime per 1,000 for the Canadian province of Ontario and consists of prison admissions for 1992, showing admissions of blacks about five times greater than those of whites and admissions of Native Americans about two and a half times those of whites, while admissions for East Asians were about half those for South Asians and about two thirds those of whites. These admission figures are snapshots for those in prison on a particular date of the year. Foran (1995) reported that in the mid-1990s Aboriginal adults were 3% of the population and 17% of men and 26% of women in prison.

Table 3.1. Race differences in crime in Canada, per 1,000

Crime	Black	East Asian	Native American	South Asian	White	Reference
All crime	-	1.0	-	-	15.6	MacGill, 1938
Imprisonment	-	-	26.0	-	3.0	Tonry, 1994
Violent	36.9	3.5	19.9	4.6	7.1	Ontario, 1996

2. Long-term Monogamous Relationships

Race differences in the percentage married as a measure of the capacity to form long-term monogamous pair bonds with members of the opposite sex are given for 36 year olds for 1996/97 for men and women combined, in Table 3.2. It will be seen that whites had the highest percentage married followed in descending order by Asians, Hispanics, Native Americans and blacks.

Table 3.2. Race differences in percentages married

Black	Asian	His-panic	Native American	White	Reference
43	54	52	45	60	Wu et al., 2003

3. Intimate Partner Violence

Studies of intimate partner violence by men against their women partners are summarizd in Table 3.3. Row 1 gives results for the percentage of men who had forced women to have sex against their will showing the highest percentage among blacks, followed by South Asians and the lowest percentage in Hispanics. No results for whites were given in this study. Row 2 shows three times as many Native American women experiencing violence from their partners during the last 5 years. Row 3 gives numbers of women killed by their partners during 1973-2000 in Northwest Territories and Yukon, largely inhabited by Native Americans, and shows these approximately seven times greater that the rates for Canada as a whole.

Table 3.3. Women with experience of intimate partner violence

	Intimate partner violence	Black	His-panic	Native American	South Asian	White	Reference
1	Lifetime percent	19	1	-	5	-	Maticka-Tyndale et al., 1996
2	Last 5 years percent	-	-	25	-	8	Health Canada, 1997
3	Homicide per million	-	-	77.8	-	11.5	Dookie, 2004

4. Recklessness

Studies of race differences in recklessness measured by the non-use or inconsistent use of contraception are summarised in Table 3.4. Row 1 gives data for the percentages of men who were in long-term relationships who did not use contraception showing the lowest percentage among South Asians. Row 2 gives results for the inconsistent use of contraception by men with new sexual partners in the past year showing the highest percentage among blacks, followed by South Asians and the lowest percentage in Hispanics. No data for whites were given in this study.

Table 3.4. Race differences in recklessness (percentages)

	Use contraception	Black	His-panic	South Asian	Reference
1	No use	23	22	12	Maticka-Tyndale et al., 1996
2	Inconsistent	70	57	66	Maticka-Tyndale et al., 1996

5. Multiple Sexual Partners

A study of race differences for men in multiple sexual partners are given in Table 3.5 showing that having two or more sexual partners in the past year was higher among blacks than among Asians. No data for whites were given in this study.

Table 3.5. Race differences in multiple sexual partners (percentages)

	N partners	Black		Asian	Reference
	Past year 2 +	55		31	Maticka-Tyndale et al., 1996

6. Irresponsible Parenting

Irresponsible parenting measured by child maltreatment, abuse and neglect is considerably more prevalent in Native American and Aboriginal including Inuit children in Canada than among Europeans. In a review of the literature, Fluke, Chabot & Fallon (2013, p. 47) have written: “The chronic overrepresentation of Aboriginal children in Canadian child welfare care has been well documented. Analysis based on national census data noted that while 5% of children in Canada were Aboriginal in 1998, Aboriginal children made up 17% of children reported to the child welfare, 22% of substantiated reports of child maltreatment, and 25% of children placed in care in Canada”.

7. Drug and Substance Abuse

The Department of Indian Affairs and Northern Development (2003) reported that 62% of First Nations people, aged 15 years and older had an alcohol abuse problem and 48% had a drug abuse problem. Studies summarizing rates of drug and substance abuse in Native Americans and Europeans are given in Table 3.6. Row 1 shows higher rates of marijuana use among 15 year olds by Native Americans than by Europeans. Rows 2, 3 and 4 show high rates of 12-month use of marijuana, cocaine and hallucinogens in a study of 281 Aboriginal peoples aged 35 years in a Canadian city. The author does not give the percentages of Europeans, but in a review of research she writes: "Illicit and prescription drug use disorders are two to four times more prevalent among Aboriginal peoples in North America than in the general population" (Currie, 2013).

Table 3.6. Race differences in drug and substance abuse (percentages)

	Drug	Native Americans	Europeans	Reference
1	Marijuana	26.7	14.1	Adlaf et al., 2004
2	Marijuana	56.1	-	Currie, 2013
3	Cocaine	32.5	-	Currie, 2013
4	Hallucinogens	14.6	-	Currie, 2013

8. Conclusions

The pattern of results summarised in this chapter is that race differences in rates of psychopathic personality in Canada are similar to those in the United States being greatest in blacks and Native Americans, lower in whites, and lowest in Asians.

Chapter 4. Europe

Studies of race differences in the prevalence of psychopathic personality disorder in Europe are available for black immigrants from the Caribbean and sub-Saharan Africa, for South Asians from the Indian sub-continent, and for East Asians consisting mainly of Chinese principally from Hong Kong and Malaysia.

1. Prevalence Studies

Studies of the prevalence of psychopathic personality in the population in Britain and Norway are summarised Table 4.1. Row 1 gives the results from a national survey of a representative sample in Britain and shows the percentage prevalence of psychopathic personality in blacks more than twice as great as in whites. Row 2 gives British results for a larger survey of the prevalence of psychopathic personality in a representative national sample of 8,351 expressed as odds ratios with whites set at 1.0, and shows the prevalence greatest in blacks, lower in South

Asians and lowest in whites. Row 3 gives the results from a national survey of a representative sample of 18 to 65 year olds in Norway and shows the prevalence of 0.7 percent, closely similat ro that of 0.97 of whites in Britain.

Table 4.1. Prevalence of psychopathic personality in Europe (percentages, odds ratio)

	Country	Black	S. Asian	White	Reference
1	Britain	2.28	-	0.97	Coid et al., 2009
2	Britain	1.44	1.14	1.0	Crawford et al., 2011
3	Norway	-	-	0.7	Torgersen et al, 2001

2. Conduct Disorders

Studies reporting race differences in conduct disorders and the associated behaviors of delinquency and impulsivity are summarised in Table 4.2. Row 1 gives data for Britain and shows the percentages of conduct disorder substantially higher among blacks than among whites. Rows 2 and 3 give results of a study of 13 year olds in Britain showing blacks more delinquent and more impulsive than whites. Row 4 gives data for Britain for 7 year olds showing greater conduct disorders in blacks as the average of Black Africans and Black Caribbeans, approximately the same rate of conduct disorders in South Asians as the average of Indians, Pakistanis and Bangladeshis, and a lower rate of conduct disorders in Chinese. Row 5 gives further data for Britain for 11 year olds showing greater conduct disorders in blacks as the average of Black Africans and Black Caribbeans, slightly lower conduct disorders in South Asians as the average of Indians, Pakistanis and Bangladeshis, and lower conduct disorders in Chinese. Row 6 gives results in the Netherlands from a study in which 12-17 year old boys reported on their own delinquent behaviors of stealing, fighting, vandalism, etc. and shows the prevalence of these delinquent behaviors about twice as great among blacks from the former Dutch colony of Surinam and as among whites, together with the percentage among South Asians (originally from the Indian sub-Continent) that is only marginally higher than that of whites. Row 7 shows further results in the Netherlands from a study of Turkish 11-18 year old immigrants who displayed greater externalising behavior problems and delinquency than indigenous whites. Row 8 gives similar results for Turkish 21-28 year olds. Rows 9 and 10 show Turkish 11-18 year old and 21-28 year old immigrants in the Netherlands with more in self-reported delinquencies than indigenous whites.

Table 4.2. Race differences in conduct disorders (percentages, *d*s)

	Country	Disorders	Black	Chinese	South Asian	White	Reference
1	Britain	Conduct: %	38	-	-	10	Rutter et al., 1974
2	Britain	Delinquency: *d*	.12	-	-	00	Lynam et al., 1993
3	Britain	Impulsivity: *d*	.20	-	-	00	Lynam et al., 1993
4	Britain	Conduct: *d*	.25	-.35	.02	00	Lynn & Cheng, 2014

5	Britain	Conduct: *d*	.22	-.61	-.13	00	Lynn & Cheng, 2015
6	Netherlands	Conduct: %	33	-	17	15	Junger & Polder, 1993
7	Netherlands	Externalising:%	-	-	.32	.26	Van Oort et al., 2007
8	Netherlands	Externalising:%	-	-	.22	.19	Van Oort et al., 2007
9	Netherlands	Delinquency: %	-	-	.26	.19	Van Oort et al., 2007
10	Netherlands	Delinquency: %	-	-	.13	.10	Van Oort et al., 2007

Further studies have reported race differences in conduct disorders in Britain as odds ratios (ORs) giving the percentages of conduct disorders with the percentage of whites set at 1.0. These are summarised in Table 4.3. Row 1 gives results for 292 black and 1311 white children and adolescents referred for psychiatric problems to the Maudsley hospital in London and show the proportion with conduct disorders among the black boys was 3.9 times greater than among whites, and among black girls 2.3 times greater than among whites (whites had proportionately more emotional disorders). Row 3 gives behavior problems assessed by teachers of black and white 3-5 year-olds and shows that black boys and girls had 1.4 times the scores of white children. Row 4 gives rates of conduct disorders for four racial groups and shows these are lowest for East Asians (largely Chinese), next lowest for South Asians, followed by whites, and greatest for blacks.

Row 5 gives results for racial differences in bullying defined as aggressive behavior, engaged in repeatedly, by an individual or group of peers with more, actual or perceived, power than the victim. The study assessed racial differences in bullying in a British sample of 4668 adolescents, assessed by self-report answers to questions such as “Do you physically bully other children at school by hitting or pushing them around, threatening or stealing their things?” The results show that bullying is greatest in South Asians and blacks, lower in whites, and lowest for East Asians (largely Chinese). Row 6 gives data for violence in Britain assessed by participation in a fight during the last five years. The results are expressed as odds raios with scores for whites set at 1.0 and show the rate for blacks higher than for whites and the rate for South Asians lower than that for whites.

Table 4.3. Race differences in conduct disorders in children (odds ratios)

	Sex	Black	East Asian	South Asian	White	Reference
1	M	3.9	-	-	1.0	Tizard et al., 1988
2	F	2.3	-	-	1.0	Tizard et al., 1988
3	M/F	1.4	-	-	1.0	Goodman & Richards, 1995
4	M/F	4.4	0.18	0.92	1.0	Gillborn & Gipps, 1996
5	M/F	2.2	0.93	2.59	1.0	Tippett et al., 2013
6	M	1.07	-	.50	1.0	Gonzales et al., 2014

3. School Suspensions and Expulsions

Children are suspended or excluded from schools because of their constant conduct disorders. Exclusions in Britain can be either temporary designated “fixed term” or permanent. In England, head teachers have the right to exclude children where “allowing the child to remain in school would be seriously detrimental to the education or welfare of the pupil, or that of others at the

school" (Gillborn & Gipps, 1996, p. 52). The principal reasons for exclusions are "disobedience in various forms – constantly refusing to comply with school rules, verbal abuse or insolence to teachers" (Gillborn & Gipps, 1996, p. 53). Fixed term exclusions are more commonly used than permanent exclusions.

Race differences in school suspensions and exclusions in England are given in Table 4.4 from data collected by the British Government Department for Education and Employment that have been analysed for all exclusions, permanent and fixed term, for the school year 1993/1994 by Gillborn & Gipps (1996). The percentages of these groups excluded from secondary schools were calculated for approximately 30% of English secondary schools and based on approximately 1 million children. The results show that black children were excluded about four times as frequently as white, South Asian children were excluded a little less frequently than whites at 2.5 percent compared with 2.7 percent, while East Asians (Chinese) had much lower rates at 0.5 compared with 2.7 percent for whites.

Table 4.4. Race differences in school suspensions and exclusions in England (percentages)

Black	East Asian	South Asian	White	Reference
11.0	0.5	2.5	2.7	Gillborn & Gripps, 1996

4. Crime

Race differences in crime are given for England, the Netherlands and France in Table 4.5. Row 1 presents imprisonment rates for England for 1993 for 16-19 year-old men and shows that the rate for blacks is 5.9 greater than that for whites, while the rate for South Asians is about two thirds that of whites. Row 2 gives the imprisonment rates in England for 1993 for 20-39 year-old men for blacks, whites and South Asians and shows that the incarceration rate for blacks is 6.4 times greater than that for whites and South Asians. Row 3 gives data for France for 1995 showing imprisonment rate of blacks about eight times greater than that of whites. Row 4 gives data for the Netherlands for 2003 showing arrest rates of blacks about five times greater than those of whites, South Asians about three times greater than those of whites, and Northeast Asians slightly lower than those of whites. This study also gave rates for the Netherlands Antilles (810), Moroccans (570), Latin America (300), Southeast Asia (200) Europe (190)

Table 4.5. Race differences in imprisonment and arrests for crime per 10,000 population

	Country	Sex	Black	NE Asian	S Asian	White	Reference
1	England	M	203.9	-	25.8	34.5	Smith, 1997
2	England	M	211.8	-	32.9	33.1	Smith, 1997
3	France	M/F	54.6	-	-	6.7	Tournier, 1997
4	Netherlands	M/F	570	110	353	120	Blom & Jennissen, 2013

Race differences in convictions for crime presented as odds ratios are given in Table 4.6. Rows 1 and 2 give age-adjusted rates of imprisonment in Britain for 1995 expressed as odds ratios with the rate for the total population set at 1.00. The odds ratio for whites at 0.88 is slightly lower than the national average for both men and women. The odds ratio for black men is far greater at 7.1 while for black women it is even greater at 12.2. The principal reason for the very high percentage of black women in prison is that they are used as "mules" by black men for smuggling drugs into Britain. A significant number of these women are detected and sentenced to terms of imprisonment. South Asian men are in prison at the same rate as white men, but South Asian women are in prison at a higher rate than white women. Northeast Asian (Chinese) men and women are both substantially under-represented in prison.

Row 3 presents data for 15-18 year old men in prison in England in 2011 and shows blacks approximately ten times over-represented, South Asians approximately forty percent over-represented, and Northeast Asians approximately ten percent under-represented.

Row 4 presents data for Norway for 2002 showing convictions for robbery by blacks (Somalis) are 15 times greater than for whites, and for South Asians (Pakistanis) 5.7 times greater than for whites. Row 5 presents data for Sweden for 1985/9 and shows the imprisonment of blacks about two and a half times greater than that of whites and Northeast Asians, although unusually the crime rate of Northeast Asians is fractionally higher than that of whites.

Table 4.6. Race differences in convictions for crime (odds ratios)

	Country	Sex	Black	NE Asian	S Asian	White	Reference
1	Britain	M	7.1	0.66	0.87	0.88	Home Office, 1998
2	Britain	F	12.2	0.66	1.10	0.88	Home Office, 1998
3	England	M	7.8	0.54	1.1	0.67	Summerfield, 2011
4	Norway	M/F	15.0	-	5.7	1.0	Kolsrud, 2002
5	Sweden	M/F	2.4	1.10	-	1.0	Martens, 1997

A number of cases of multiple rapes by gangs occurred in England in 2012 and an inquiry into this was made by the Children's Commissioner (2012) for England that contained statistics of the percentages of blacks, South Asians and whites convicted of these offences. These were blacks: 17 percent of convictions, South Asians: 33 percent of convictions; mixed race: 1.8 percent of convictions; and whites: 43 percent of convictions. These statistics are calculated as percentages over or under-representations of the four groups in the convictions in relation to their percentages in the population given in the 2011 census, using the figures of 2.8 percent of the population for blacks, 6.7 percent of the population for South Asians, 3.8 per cent of the population for mixed race, and 88 per cent of the population for whites. The results are given in Table 4.7 and show that blacks are over-represented by a factor of 6.07, South Asians by a factor of 4.93, mixed race by a factor of 2.11, and whites by a factor of 0.49, i.e. less than 1.0 and therefore under-represented. The

convicted South Asians were almost entirely of ethnic Pakistani Muslim origin and not of Hindus or Sikhs.

Table 4.7. Race differences in multiple rapes by gangs in England in 2012

Black	South Asian	Mixed	White	Reference
6.07	4.92	2.11	0.49	Children's Commissioner, 2012

As in the United States, some social scientists in Europe have suggested that the race differences in crime conviction rates are caused or exacerbated by prejudice, ethnic bias and racism in the police and the courts. For instance, in Britain Rutter, Giller & Hagell (1998) have reviewed the evidence on race differences in convictions and conclude: "there are substantial differences in the rates of crime among ethnic groups. These differences are exaggerated by small (but cumulative) biases in the ways in which judicial processing takes place…." (p. 246). They do not give any evidence for this assertion and the evidence is against it. A study in Britain concluded that 80 percent of black-white incarceration differences "can be accounted for by the greater number of black offenders who appeared for sentence… and by the nature and circumstances of the crimes they were convicted of" (Tonry, 1994, p. 108). The evidence for this contention has also been reviewed by Smith (1997) who concludes that "in large part the difference in rates of arrest and imprisonment between black and white people arises from a difference in the rates of offending". If racism is present, it is difficult to understand why the conviction rates of Indians and Pakistanis are about the same as those of Europeans, and Chinese rates are lower than those of Europeans, because many Europeans are prejudiced against these. Furthermore, these race differences are also present in self-reported delinquencies in the study in the Netherlands shown in Table 4.2.

5. Monogamous Relationships

The propensity to form monogamous relationships based on love can be measured by the extent to which people enter into marriage or stable co-habitation. Race differences in these are shown in Table 4.8.

Table 4.8. Race differences in marriage and co-habitation (percentages)

	Country	Sex	Black	East Asian	South Asian	White	Reference
1	Britain	M	48	73	88	65	Berrington, 1996
2	Britain	F	39	81	88	72	Berrington, 1996
3	Britain	M/F	38	-	77	68	Modood & Berthoud, 1997

4	Britain	M/F	69	-	97	93	Modood & Berthoud, 1997
5	France	M	45	-	-	55	Model et al., 1999
6	France	F	40	-	-	56	Model et al., 1999

Rows 1 and 2 give data for Britain for 1991 from a study of a representative sample of 5,196 30-34 year olds and show marriage rates for the four major racial and ethnic groups of blacks, whites, East Asians (Chinese) and South Asians (Indian sub-Continent) for males and females. It will be seen that many fewer blacks are married than the other three groups and that more of both East Asians and South Asians are married than whites. Rows 3 and 4 give British results from a 1995 survey for those who had either been married or were co-habiting at the ages of 24-28 and 35-39 and show lower rates among blacks than among whites and higher rates among South Asians than among whites. Rows 5 and 6 give marriage rates for France for 1994 for blacks and whites obtained from the French Labour Force Surveys of 1991, 1994 and 1997 and show that fewer blacks were married than whites.

A further measure of racial differences in stable monogamous relationships can be obtained from a study of the percentages of adolescents who lived with both natural parents in a British sample of 4668 adolescents. The results are given in Table 4.9 and show that East Asians (largely Chinese) had the highest percentage living with both natural parents followed by South Asians and whites, while black had the lowest.

Table 4.9. Race differences in living with both natural parents in Britain (percentages)

Black	East Asian	South Asian	White	Reference
28.3	50.0	54.4	40.4	Tippett et al., 2013

6. Multiple Sexual Partners

Racial differences in the propensity to form long-term monogamous relationships are also expressed in the numbers of multiple sexual partners. Data for these for Britain are summarised in Table 4.10.

Table 4.10. Race differences in multiple sexual partners in Britain (percentages)

	Measure	Sex	Black	South Asian	White	Reference
1	Last 5 years: 2+	M	46	28	35	Johnson et al., 1994
2	Last 5 years: 2+	F	28	8	23	Johnson et al., 1994
3	Last 2 years: 2+	M	28	18	22	Johnson et al., 1994
4	Last 2 years: 2+	F	13	6	12	Johnson et al., 1994

Rows 1 through 4 give data from a study of a nationally representative sample of approximately

20,000 16-59 year olds carried out in 1990. Rows 1 and 2 give the male and female percentages of blacks, South Asians and whites who had had two or more sexual partners during the last five years and rows 3 and 4 give the male and female percentages who had had two or more sexual partners during the last two years. For all four comparisons blacks had more sexual partners and South Asians had fewer partners than whites.

7. Recklessness

Recklessness is a component of psychopathic personality and is defined as a disregard of one's own or others' personal safety. Measures of recklessness can be obtained from a variety of sexual behaviors. We consider first the non-use of contraception by those who do not wish to have children. This is reckless both because it is likely to result in an unwanted pregnancy and also because it incurs the risk of contracting sexually transmitted diseases including HIV and AIDS. Studies of racial and ethnic differences in the non-use of contraception in Britain are summarised in Table 4.11.

Table 4.11. Race differences in the non-use of contraception (percentages)

	Measure/ age	Sex	Black	South Asian	White	Reference
1	Last year/16-59	M	10	4	6	Johnson et al.,1994
2	Last year/16-59	F	5	2	4	Johnson et al.,1994
3	Teen births	F	21	6	6	Modood & Berthoud,1997

Rows 1 and 2 give data from a 1994 survey of approximately 20,000 16-59 year olds and give the percentages of males and females who had practised "unsafe sex" during the last year, defined as sexual relations without the use of contraception by those not wishing to achieve a pregnancy. The results show that for both men and women blacks had the highest percentages followed by whites, while South Asians had the lowest percentages. Row 3 shows the results of a survey of teenage births carried out in 1994. Virtually no teenage births are planned so they can be regarded as a result of the recklessness non-use of contraception. It will be seen that teenage births were three and a half times more prevalent among blacks than among whites and South Asians.

Another expression of recklessness is problem gambling. Race differences of this in Britain are summarised in Table 4.12. Row 1 shows rates of problem gambling in a national survey highest in South Asians, intermediate in blacks and lowest in whites. Rows 2 and 3 confirm substantially higher rates in South Asians than in whites (data for blacks were not reported).

Table 4.12. Race differences in Britain in problem gambling (percentages)

	Group	Black	South Asian	White	Reference
1	Adults	2.4	3.1	1.8	Ipsos Mori, 2009
2	Men	-	3.36	1.56	Forrest & Wardle, 2011
3	Women	-	5.59	0.29	Forrest & Wardle, 2011

9. Sexual Precocity

Studies providing data on race differences in sexual precocity as an expression of psychopathic personality in young adolescents are summarised in Table 4.13. Rows 1 and 2 give results from a British 1990 study of the percentages of males and females who had had sexual intercourse by the age of fifteen years and shows this was highest for blacks, intermediate for whites and and lowest in South Asians. The much greater sexual experiences of males than of females in the South Asian samples seems anomalous but is explained partly by the much greater sexual experiences with prostitutes of South Asian males, 18 percent as compared with 6 percent of whites and 7 of percent blacks.

Table 4.13. Race differences in precocious sexuality by age of fifteen years (percentages)

	Sex	Black	South Asian	White	Reference
1	M	26	11	19	Wellings et al., 1994
2	F	10	1	8	Wellings et al., 1994

10. Intimate Partner Violence

A study of lifetime intimate partner violence by men against their women partners in Spain has reported that 27.3 percent of North African (Moroccan) women had experienced violence compared with 14.3 percent of indigenous Spaniards (Vives-Cases et al., 2009).

11. Child Maltreatment

A study of race differences in child maltreatment in three studies in the Netherlands is summarized in Table 4.14. The results are expressed as differences in over-representation or under-representation of what would be expected if all races had equal rates of child maltreatment. Row 1 gives data assessed by “Sentinels” (professional social workers) and shows that whites (indigenous Dutch) are under-represented at 86 percent, South Asians (mainly Turks) and North Africans (mainly Moroccans) are over-represented at 2.95 percent and Blacks are over-represented at 4.94 percent. Row 2 gives similar differences from a CPS (Child Prtotective Services) study. Row 3 gives similar although smaller differences from a self-report study showing that the higher rates of child maltreatment by South Asians/North Africans and blacks are not wholly attributable to prejudice by

indigenous professionals. The smaller differences in the self-report study could be attributable to prejudice by indigenous professionals or to immigrants under-reporting the extent of child maltreatment.

Table 4.14. Race differences in child maltreatment

	Measure	Black	SouthAsian/ North African	White	Reference
1	Sentinels	4.94	2.95	0.86	Alink et al., 2013
2	CPS	5.71	4.49	0.76	Alink et al., 2013
3	Self report	2.42	1.65	0.91	Alink et al., 2013

12. Drug and Substance Abuse

Race differences in drug abuse are shown in Table 4.15. Row 1 gives data for men and women combined assessed by the percentages aged 15 + with alcoholic psychosis in the Netherlands and shows this was highest for blacks, intermediate for whites and lowest in South Asians. Rows 2 through 9 give results from a self-report school-based survey of drug taking during the last year among 15 and 16 year olds in England. Rows 2 and 3 show marijuana use highest for blacks, intermediate in whites and lowest in South Asians. Rows 4 though 7 show inconsistent results for ecstasy and stimulants/hallucinogens. Rows 8 and 9 show use of opiates highest in South Asians, intermediate in blacks, and lowest in whites. Rows 10 through 15 give results for a representative sample of 13-14 years old in London showing marijuana use in the last month highest for blacks, intermediate for whites and lowest in South Asians, confirming the results in rows 2 and 3. The figures for blacks are the average of Caribbean, African and others, and the figures for South Asians are the average of Bangldeshis, Indians and Pakistanis. Rows 12 and 13 give results for the same sample for ever use of glue, gas or solvents and shows this was highest for South Asians, intermediate for blacks and lowest for whites. Rows 14 and 15 give results for the same sample for ever use of class A drugs or amphetamines and shows that for boys this was highest for South Asians, intermediate for blacks and lowest for whites, while for girs this was highest for blacks, intermediate for South Asians and lowest for whites. In the fifteen studies blacks had the highest percentage of drug abuse in eight, South Asians had the highest percentage in six, while whites had the highest percentage in one.

Table 4.15. Race differences in drug abuse (percentages)

	Country	Drug abuse	Black	South Asian	White	Reference
1	Netherlands	Alcoholism	17.0	1.4	4.3	Selten & Sijben,1994
2	Britain: boys	Marijuana	49.3	21.5	33.5	Rodham et al., 2005
3	Britain: girls	Marijuana	32.2	5.5	28.0	Rodham et al., 2005
4	Britain: boys	Ecstasy	7.0	7.3	4.8	Rodham et al., 2005

5	Britain: girls	Ecstasy	1.9	2.3	7.5	Rodham et al., 2005
6	Britain: boys	Stimulants	9.9	7.0	6.1	Rodham et al., 2005
7	Britain: girls	Stimulants	3.1	3.3	5.0	Rodham et al., 2005
8	Britain: boys	Opiates	7.0	7.5	2.3	Rodham et al., 2005
9	Britain: girls	Opiates	2.1	3.0	1.2	Rodham et al., 2005
10	Britain: boys	Marijuana	15.8	7.4	10.9	Jayakody et al., 2006
11	Britain: girls	Marijuana	21.2	3.1	10.2	Jayakody et al., 2006
12	Britain: boys	Glue, gas	8.0	8.8	5.0	Jayakody et al., 2006
13	Britain: girls	Glue, gas	5.5	6.6	3.0	Jayakody et al., 2006
14	Britain: boys	Other	1.6	4.6	3.0	Jayakody et al., 2006
15	Britain: girls	Other	3.6	2.8	2.0	Jayakody et al., 2006

13. Cheating

Racial differences in cheating in sport as an expression of moral weakness have been examined in English Premier League football (soccer) by Dutton & Lynn (2014). The study reported that in the 2012-2013 season, 32% of the Premier League footballers were black and 67% were white; in the 2010-2011 season 25% were black and 75% were white; and in 2006-2007 12% were black and 88% were white. The study examined the players handed red cards for cheating in the three seasons. The results are given in Table 4.16 and show that in all three years black Premier League footballers were over-represented among those given red-cards for cheating.

Table 4.16. Players receiving Red Cards in the English Premier League

Season	N	Percentage Black	Percentage given red cards Black
2012-13	36	32	42
2010-11	40	25	37.5
2006-7	29	12	27

14. Altruism

Altruism and more generally pro-social behavior being helpful to others is the antithesis of psychopathic personality. Race differences in altruism assessed by willingness to donate organs in the event of death were shown in the United States in Table 2.43 in a study reporting that 43% of whites, but only 31% of Hispanics, and 23% of blacks were willing to donate their organs after death. A study in Sweden by Sanner (1990) found that 61 percent of a random sample of adults were willing to donate their organs after death, confirming that Europeans have a high level of altruism.

Data for racial differences in pro-social behaviour in Britain have been reported from teachers' assessments of 7,255 11 year olds. These gave blacks -.22*d* lower than whites, South Asians as the average of Indians, Pakistanis and Bangladeshis, -.07*d* lower than whites, and Chinese .22*d* higher than whites (Lynn & Cheng, 2016).

15. Conclusions

The studies from Europe reviewed in this chapter confirm those in the United States by showing greater rates of psychopathic personality in blacks found in the epidemiological surveys and expressed in higher rates of conduct disorders, exclusions from school, delinquency and crime, multiple sexual partners, recklessness, sexual precocity, child maltreatment, drug abuse and cheating, and lower rates of pro-social behaviour. The studies from Europe also confirm those in the United States by showing lower rates of psychopathic personality in Northeast Asians expressed in lower rates of conduct disorders, exclusions from school, crime and higher rates of marriage and co-habitation. South Asians have about the same level of psychopathic personality as Europeans.

Chapter 5. Sub-Saharan Africa

Sub-Saharan Africans have been regarded as one of the major races in the taxonomies of classical anthropology set out in the mid-eighteenth century by of Linnaeus (1758) and Blumenbach (1776). In twentieth century anthropology they were termed *Negroids* (Coon, Garn & Birdsell, 1950). Cavalli-Sforza, Menozzi & Piazza (1994) in their classification of humans into genetic "clusters" have confirmed the distinctive genetic characteristics of the sub-Saharan Africans who include west Africans, Nilotics in southern Sudan, Ethiopians and Bantus, a large group present in most of sub-Saharan Africa. The most distinctive features of Africans are their very dark skin, dark eyes, broad nose, thick averted lips, and woolly hair. Their blood groups differ from Europeans in having a lower frequency of group A, which is present in about 27 per cent of them as compared with around 46 per cent in Europeans, and a higher frequency of group B, which is present in about 34 per cent as compared with around 14 per cent in Europeans.

In the early and mid-twentieth century several physicians who worked in Africa described the psychopathic characteristics of sub-Saharan Africans. For instance, Carmen and Roberts (1934) wrote of a Nilotic people as "happy-go-lucky, irresponsible and living for the day". Williams (1938) wrote of the Gold Coast people as "almost invariably dishonest". Westermann (1939) described them as having "few gifts for work which aims at a distant goal and requires tenacity, independence and foresight". Barbé (1951) wrote of their "impulsivity, violent but unsustained, inconstancy, recklessness… and lack of persistent effort". And Carothers (1953) described them as "unstable, impulsive, unreliable, irresponsible, and living in the present without reflection or ambition, or regard for the rights of people outside their own circle".

1. Prevalence of Psychopathic Personality

Studies of race differences in the prevalence of psychopathic personality are summarised in Table

5.1. Row 1 gives data from an administration of the Psychopathic Deviate Scale of the Minnesota Multiphasic Personality Inventory (MMPI-2) to 200 Nigerian male and female students in Nigeria. The data are given as *d*s (standard deviation units) in relation to 1.0 for white American norms and show that they obtained an average score half a standard deviation higher than white American students. Row 2 gives the results of a study of the prevalence of psychopathic personality in a national survey of a representative sample of 8,351 in Great Britain in 2000 and again shows a higher prevalence of about the same magnitude in blacks.

Table 5.1. Black-white differences the prevalence of psychopathic personality (*d*s)

	Country	Black	White	Reference
1	Nigeria	1.50	1.0	Nzewi, 1998
2	Britain	1.44	1.0	Crawford et al., 2011

2. Attention Deficit Hyperactivity Disorder

A study of race differences in attention deficit hyperactivity disorder (ADHD) in South Africa are given in Table 5.2. The results show the highest percentage of ADHD in blacks followed by South Asians, and the lowest percentage in whites.

Table 5.2. Race differences in attention deficit hyperactivity disorder (percentages)

Black	South Asian	White	Reference
7.4	4.8	3.9	Yao et al., 1988

3. Crime

Race differences in convictions for male homicide per 100,000 population in South Africa are given in Table 5.3. The rate for Coloreds (a mixed largely black-white group) is the highest, the black rate comes next at about six times greater than the white. The Asians consist of ethnic Indians from the Indian sub-Continent and is about fifty percent higher than the white rate. Rows 4 and 5 give data for men and women 16-30 year olds, the peak ages for crime explaining why the rates were higher but showing the same race differnces. Row 6 gives more recent male homicide rates for five cities showing similar differnces with the black rate the highest and five times greater that the rate of whites.

Table 5.3. Race differences in homicide per 100,000 in South Africa

	Year	Black	Colored	Asian	White	Reference
1	1978	23.9	26.5	4.4	3.8	Lester,1989
2	1981	24.5	76.6	10.0	6.8	Lester,1989
3	1984	34.5	58.0	9.9	5.8	Lester,1989
4	1982-90: men	47.5	48.2	29.4	15.4	Thomson, 2004
5	1982-90: women	15.6	24.4	13.8	11.5	Thomson, 2004
6	2001-5	75.9	53.2	17.8	15.1	Matzopoulos et al, 2014

4. Intimate Partner Violence

In a study of intimate partner violence against women in sub-Saharan Africa, Uthman, Lawoko & Moradi (2009, p.14) write that “Intimate partner violence against women is deep-rooted in many African societies, where it is considered a prerogative of men and a purely domestic matter in the society. It is one of the greatest barriers to ending the subordination of women. Women, for fear of violence, are unable to refuse sex or negotiate safer sexual practices, thus increasing their vulnerability to HIV if their husband is unfaithful. Violence against women, especially by intimate partners, is a serious public health problem that is associated with physical, reproductive and mental health consequences. Even though most societies proscribe violence against women, the reality is that violations against women's rights are often sanctioned under the garb of cultural practices and norms, or through misinterpretation of religious tenets. Moreover, when violation takes place within the home, as it is often the case, the abuse is effectively ignored by the tacit silence and the passivity displayed by the state and the law enforcing machinery. The global dimensions of this violence are alarming as highlighted by numerous studies. A troubling aspect of intimate partner violence is its benign social and cultural acceptance of physical chastisement of women and is the husband's right to "correct" an erring wife.”

Studies of men's and women's attitudes toward intimate partner violence against women in seventeen countries in sub-Saharan Africa carried out between 2003 and 2007 have been published by Uthman, Lawoko & Moradi (2009). One of the questions asked in these surveys was whether men are justified in using physical chastisement on their wives for arguing with their husbands. The percentages of men and women who gave affirmative answers are given in Table 5.4. It is a curious feature of these studies that in twelve of the countries more women than men considered intimate partner violence against women justified.

Table 5.4. Justification for intimate partner violence against women (percentages)

Country	Men	Women	Country	Men	Women
Benin	7.2	35.5	Mozambique	22.5	34.4
Burkina Faso	21.4	55.7	Namibia	24.4	17.1
Ethiopia	27.6	51.0	Nigeria	24.4	41.6
Ghana	18.2	32.0	Rwanda	3.0	6.5
Kenya	40.9	45.8	Swaziland	22.7	17.5
Lesotho	38.7	37.2	Tanzania	24.1	42.7
Liberia	23.0	40.9	Uganda	36.6	40.0
Madagascar	3.8	2.9	Zimbabwe	21.4	26.7
Malawi	8.1	12.0			

Studies of rates of intimate partner violence experienced by married women in the last year in Africa are given in Table 5.5. These percentages are much higher than those of around 3 to 12

percent for white women in the United States and Britain.

Table 5.5. Rates of intimate partner violence (percentages)

	Country	Year	IPV	Reference
1	Egypt	1995	34.4	Kishor & Johnson, 2004
2	Ethiopia	2000	49.0	WHO, 2002
3	Nigeria	2008	18.7	Linos et al., 2013
4	Uganda	2000	30.0	Koenig et al., 2003
5	Zambia	2001	48.4	Kishor & Johnson, 2004

A study of race differences in rates of sexual violence experienced by women during the preceding ten years in South Africa reported by their male partners is summarized in Table 5.6. The data are for 1998 and are expressed as odds ratios with the rate for blacks set at 1.00 and show the rate for blacks approximately eight times greater than that for whites, and rate for blacks slightly greater than the rate for Coloreds and Indians.

Table 5.6. Rates of intimate partner violence in South Africa (odds ratios,)

Blacks	Coloreds Indians	Whites	Reference
1.00	0.93	0.12	Abrahams et al., 2004

5. Sexual Precocity

Early sexual experience as a feature of psychopathic personality has been reviewed by Kaaya et al. (2002, p. 30) who conclded that "for school students of both genders in sub-Saharan Africa, there is an early age of the onset of sexual behaviour and more than one lifetime sexual partner". Studies providing data on age of first intercourse in a number of African countries are summarised in Table 5.7.

Table 5.7 Age of first intercourse

	Country	N	Sex	Age	Reference
1	Burundi	3970	F	19.5	Blanc & Rutenberg, 1993
2	Ghana	4488	F	16.5	Blanc & Rutenberg, 1993
3	Kenya	7150	F	16.5	Blanc & Rutenberg, 1993
4	Malawi	2459	M	10.5	Mkandawire et al, 2013
5	Nigeria	208	MF	11.4	Lawrence et al., 1995
6	Nigeria	1491	M	14.6	Slap et al., 2003
7	Nigeria	1244	F	15.2	Slap et al., 2003
8	Tanzania	518	M	15.5	Munguti et al., 1997
9	Tanzania	599	F	15.5	Munguti et al., 1997
10	Tanzania	482	M	16.0	Matasha et al., 1998
11	Tanzania	308	F	16.0	Matasha et al., 1998
12	Uganda	4730	F	15.5	Blanc & Rutenberg, 1993
13	Africa: median	-	M	15.0	
14	Africa: median	-	F	15.5	
15	USA- Blacks	-	M	14.1	Table 2.35

16	USA- Blacks	-	F	16.4	Table 2.35
17	USA- Whites	-	M	16.4	Table 2.35
18	USA- Whites	-	F	17.0	Table 2.35

Rows 1 through 12 give results for age of first intercourse for seven countries in sub-Saharan Africa. Rows 13 and 14 give the medians for these results. Rows 15 and 16 give the means for blacks in the United States taken from Table 2.35 showing broadly similar ages of first intercourse. Rows 17 and 18 gives the means for whites in the United States showing later ages of first intercourse.

Studies providing data on age of first intercourse as percentages are summarised in Table 5.8. Rows 1 and 2 give percentages for males and females who had had intercourse by the ages of 13/14, 14/15 and 16/17 obtained in a 1995 survey in Botswana. Rows 3 through 6 give similar figures for males and females for Swaziland and Tanzania obtained in surveys carried out in 1988 and 1991. Figures for blacks and whites in the United States are given in rows 7 through 10 showing much higher percentages at these young ages for blacks than for whites.

Table 5.8 Age of first intercourse (percentages)

	Country	N	Sex	Age 13/14	Age 15/16	Age 17/18	Reference
1	Botswana	1174	M	4.7	40.8	70.0	Meekers & Ahmed, 2000
2	Botswana	1203	F	1.4	14.7	65.0	Meekers & Ahmed, 2000
3	Swaziland	40	M	-	57.5	85.0	McLean, 1995
4	Swaziland	38	F	-	64.4	0.0	McLean, 1995
5	Tanzania	529	M	35.8	-	-	Ndeki et al., 1994
6	Tanzania	590	F	15.1	-	-	Ndeki et al., 1994
7	US: blacks	-	M	49	-	-	Coker et al., 1994
8	US: blacks	-	F	12	-	-	Coker et al., 1994
9	US: whites	-	M	18	-	-	Coker et al., 1994
10	US: whites	-	F	3	-	-	Coker et al., 1994

Further data on precocious sexuality in sub-Sahanan Africa consisting of the percentages of school students who had had sexual intercourse by age of fifteen years are given in Table 5.9 together with comparable data from the UK.

Table 5.9. Race differences in sexual intercourse by age of fifteen years (percentages)

	Country	M	F	Reference
1	Kenya	48	17	Kaaya et al., 2002
2	Namibia	56	17	Kaaya et al., 2002
3	Tanzania	63	24	Kaaya et al., 2002
4	UK: Blacks	26	10	Wellings et al., 1994
5	UK: Whites	19	9	Wellings et al., 1994

6. Multiple Sexual Partners

Multiple sexual partners are common in sub-Saharan Africa both as polygamous marriages and informally where “the decline in polygamous unions in the urban areas of sub-Saharan Africa has been accompanied by the growth of various forms of multiple and/or serial informal marriages which involve rather irregular “girl friends” and somewhat regular “outside wives” (Hayase & Liaw, 1997, p. 293). Polygyny in sub-Saharan Africa varies between 11.6 percent of married women in Burundi to 52.3 percent of married women in Togo (Speizer & Yates, 1998). In Kenya, 29.5 percent of married women were in polygynous unions in 1977, falling to 19.5 percent in 1993 (Ezeh, 1997). A study in South Africa attributes the high rate of HIV infection to “a traditional custom whreby people have more than one lover” (Fourie, 2004, p.254).

Studies of multiple sexual partners for adults in Africa and comparable data for Britain are shown in Table 5.10. Rows 1 and 2 give percentages who had had 5 plus partners in the past year for Tanzania and rows 3 and 4 give lower figures for whites in Britain. Rows 5 and 6 give the percentages in Zaire who had had two or more partners in the last six months.

Table 5.10.Multiple sexual partners (percentages)

	Country	Sex	Past year 5+	Past 6 months 2+	Reference
1	Tanzania	M	9	-	Munguti et al., 1997
2	Tanzania	F	1	-	Munguti et al., 1997
3	Britain	M	2	-	Johnson et al. 1994
4	Britain	F	0	-	Johnson et al. 1994
5	Zaire	M	-	23	Bertrand et al., 1991
6	Zaire	F	-	1	Bertrand et al., 1991

Table 5.11 gives data for multiple sexual partners for adolescents aged 13-18 in the last year in Botswana reported by Meekers & Ahmed (2000) and comparable data for 15-19 year olds in the USA reported by Moore et al. (1998) and show higher percentages in blacks than in whites.

Table 5.11. Multiple sexual partners in the last year (percentages)

	Country	Sex	N partners 0	N partners 1	N partners 2+
	Botswana	M	15.2	21.8	63.0
	Botswana	F	24.1	19.3	56.7
	USA: blacks	M	-	-	63
	USA: blacks	F	-	-	33
	USA: whites	M	-	-	39
	USA: whites	F	-	-	26

7. Long-term Monogamous Relationships

Marriage is an index of the ability to form long-term monogamous relationships that is lacking in

psychopathic personality. Data for greater percentages never married among 35-50 year old men in a 2002-4 survey in two sub-Saharan African and two European countries are given by Ambugo (2014) and are shown in Table 5.12.

Table 5.12. Percentages never married

Country	N	Percent
Ghana	3922	24.8
Kenya	4331	26.9
Norway	943	21.0
UK	1195	20.3

A further expression of the weakness of the ability to form long-term monogamous relationships in sub-Saharan Africa is the higher divorce rates than in Western countries. For example, divorce rates over the first 5 years of marriage are 39% in the !Kung of the Kalahari Desert (Howell, 1979) and 37% in the Hadza (Blurton Jones, Marlowe, Hawkes & O'Connell, 2000). The equivalent current divorce rates for the first 5 years from national probability samples in the United States are 17% (Manning & Cohen, 2012).

7. Recklessness: Non-use of Contraception

There has been a high prevalence of HIV and AIDS in sub-Saharan Africa from the 1980s into the twenty-first century. In 1999, 70 percent of the world population with this infection and condition were in sub-Saharan Africa (Messersmith et al., 2000). In the high risk urban areas of Eastern and Southern Africa and in Nigeria the rate of infection in the 1990s was around 20 to 30 percent (UNAIDS, 2000). It is reckless not to use condoms in sub-Saharan Africa where there is a high rate of HIV infection, yet there is a high rate of unprotected sexual intercourse in sub-Saharan Africa. A review of a number of studies by Kaaya et al. (2002, p. 30) concluded that "for school students of both genders in sub-Saharan Africa, a large proportion of the sexually active report unprotected sexual intercourse". A number of studies showing this are summarised in Table 5.13.

Table 5.13. Use of condoms in sub-Saharan Africa **(**percentages)

	Country	Sex	Use condoms	References
1	Cameroun	M	18.7	Raji & Adegboye,1993
2	Ghana	F	18.9	Klomegah, 1999
3	Malawi	M	40.0	Mkandawire et al, 2013
4	Nigeria	M	33.1	Messersmith et al., 2000
5	South Africa	F	42.5	Kapiga et al., 1993
6	Tanzania	MF	29.9	Mnyika et al., 1995
7	Uganda	M	9.9	Lutalo et al, 2000
8	Uganda	F	4.4	Lutalo et al, 2000
9	Zaire	M	24.0	Bertrand et al.,1991
10	Zaire	F	11.8	Bertrand et al.,1991

Row 1 gives 18.7 percent of men in Cameroun who were clients of prostitutes who said they used condoms, the remaining 81.3 percent saying they did not use condoms because these reduced sexual pleasure. Row 2 gives 18.9 percent of women aged 15-49 in a 1993 study in Ghana who used any form of contraception. Row 3 gives 40 percent of men Malawi who said they had used a condom at first intercourse. Row 4 shows 33.1 percent of men in Nigeria who had ever used a condom for STD protection. Row 5 gives 42.5 percent of black women in South Africa who said they used condoms, the remaining 57.5 percent saying they did not use condoms because these reduced their men's sexual pleasure. Row 6 gives 29.9 percent of men and women in Tanzania in a 1993 study who had used condoms regularly in a sample of 748 who knew what condoms are for. A further 333 individuals in this study did not know what condoms are for. Rows 7 and 8 give 9.9 percent of men and 4.4 percent of women in Uganda who used condoms in a 1995 study in which condoms were given out and the sample were given counselling on the possibility of contacting HIV and other STDs through unprotected sexual intercourse. Rows 9 and 10 give the use of condoms in Zaire by those with extra-marital partners as 24 percent for men and 11.8 percent for women.

8. Sexually Transmitted Diseases

It was noted in Chapter 2 that in the United States there is an association between race differences in psychopathic personality and rates of sexually transmitted diseases (STDs). The high rates of unprotected sexual intercourse in sub-Saharan Africa would be expected to lead to high rates of HIV infection and to race differnces in the rates of other sexually transmitted diseases (STDs). This was been found in a 2008 study in South Africa whose results are given in Table 5.14 showing that blacks have approximately 8 times the rate of HIV infection as Coloreds, and approximately 45 times the rate of HIV infection as Asians and whites.

Table 5.14. Race differences in HIV infection in South Africa (percentages)

Asian	Black	Colored	White	Reference
0.3	13.6	1.7	0.3	Human Sciences Res., 2009

9. Work Commitment

Studies of racial and ethnic differences in work motivation and commitment in the United States were summarised in Table 2.27 and showed that this was weaker in blacks and Hispanics than in whites and Asians. Similar differnces have been found in Africa in comparisons between blacks and ethnic Indians originally from South Asia. In the nineteenth century the European colonists needed laborers for agricultural and manual work of various kinds. Initially they tried to employ blacks but they found that these would not work reliably and brought over Indians who were more satisfactory.

Sir Harry Johnston, a British colonial administrator, explained the problem:

> These semi-tropical plantations brought about a fresh want—that of patient, cheap, agricultural laborers. Unhappily, the black man, though so strong in body and so unaspiring in ideals, has as a rule a strong aversion to continuous agricultural labor. His own needs are amply supplied by a few weeks' tillage scattered throughout the year; and even this is generally performed by the women of the tribe, the men being free to fight, hunt, fish, tend cattle, and loaf. Therefore the black men of Natal, though they made useful domestic servants and police, were of but little use in the plantations (Johnston, 1930, p. 271).

Some two decades later Leonard Thompson (1952, p. 5) wrote "that a labor problem should have existed in Natal may at first sight seem inconceivable, but though there were a hundred thousand natives in Natal there were not enough laborers." More recently University of Toronto historian Rick Halpern (2004, p. 25) has written in similar vein: "the work routine at harvest time—necessitating around the clock operations—ran counter to indigenous conventions". The same problem surfaced at the end of the nineteenth century in East Africa when the British in Kenya and the Germans in Tanganyika needed laborers to build the railroads. They found that it was not possible to get blacks to do the work. The blacks "were content to live with little effort at subsistence level and did not want to work for whites" (K.I., 1960, p. 342). The Germans also encountered this problem of attempting to use blacks to build the railroad in Tanganyika and the Portuguese had a similar experience in their colony of Mozambique. They both failed and adopted the solution of bringing in Indians for this work. The British psychologist Philip Vernon has summed up these experiences, writing that in Africa "work is generally leisurely and periodic, depending on the climate, the rhythms of nature and local custom; regularity or an accurate sense of time are unimportant so that, to whites, the African seems indolent" (Vernon 1969, p. 177).

10. Child Maltreatment

The results of a study of the prevalence of self-reported childhood physical abuse and neglect experienced by Kenyan, Zambian and Dutch university students are summarised in Table 5.15. Row 1 gives the numbers, row 2 gives the percentages reporting childhood physical abuse showing much higher percentages in the Kenyans and Zambians than in the Dutch. Row 3 gives the percentages reporting childhood neglect and again showing higher percentages in the Kenyans and Zambians than in the Dutch.

Table 5.15. Child maltreatment (percentages)

	Maltreatment	Kenya	Zambia	Netherlands	Reference
1	Numbers	375	182	305	Mbagaya1 et al, 2013

2	Physical abuse	42	40	3	Mbagaya1 et al, 2013
3	Neglect	59	54	42	Mbagaya1 et al, 2013

11. Conclusions

The studies in sub-Saharan Africa summarized in this chapter show a high level of psychopathic personality expressed in high rates of attention deficit hyperactivity disorder, homicide, sexual precocity, multiple sexual partners, inability to form long-term monogamous relationships, recklessness in the non-use of contraception, HIV infection and child maltreatment, and low work commitment. Europeans and South Asians show lower levels of psychopathic personality consistent with results in the United States, Canada and Europe.

Chapter 6 Northeast Asia

The Northeast Asians are the indigenous peoples of China, Japan, Korea and Mongolia. In classical anthropology they are described as Mongoloids and have been recognized as one of the major races from the first taxonomies of Linnaeus (1758) and Blumenbach (1776), and as one of the seven major races in the classification proposed by Coon, Garn and Birdsell (1950). Their identity as a genetic "cluster" has been confirmed by Cavalli-Sforza, Menozzi and Piazza (1994) in their classification based on a number of genetic markers taken from samples of Samoyeds, Mongols, Tibetans, Koreans, and Japanese. The most distinctive features of Northeast Asians are their straight black hair, flat nose, yellowish skin color and the epicanthic eye-fold that gives their eyes a narrow appearance.

1. Prevalence

Epidemiological studies of lifetime prevalence rates of psychopathic personality in three Northeast Asian and ten European countries and the United States are given in Table 6.1 and show a lower average rate of 1.5 in the Northeast Asian countries than 3.86 in European populations.

Table 6.1. Lifetime prevalence rates of psychopathic personality (percentages)

Country	Rate	Reference	
Canada	3.7	Bland et al., 1988	
Canada	2.9	Weissman, 1993	
Denmark	0.5	Weissman, 1993	
Iceland	4.0	Weissman, 1993	
New Zealand	2.4	Wells et al., 1989	
New Zealand	3.1	Weissman, 1993	
Hong Kong	1.4	Chen et al., 1993	
Norway	9.4	Weissman, 1993	
Sweden	5.6	Weissman, 1993	

South Korea	2.2	Lee et al., 1990	
Taiwan	0.8	Weissman, 1993	
USA	2.7	Robins et al., 1991	
USA	4.3	Samuels et al. 2002	

2. Conduct disorder, ADHD and Psychopathic Personality

Studies of Northeast Asian-American comparisons on the prevalence of psychopathic personality and the associated conditions of conduct disorder and attention deficit hyperactivity disorder (ADHD) are summarised in Table 6.2. Row 1 shows the rate of conduct disorder lower in Hong Kong than in the United States. The data are given as *d*s (standard deviation units) in relation to zero for the United States. Row 2 shows the rate of attention deficit hyperactivity disorder lower in Hong Kong than in the United States. Row 3 shows the percentages in the populations with anti-social personality disorder lower in Taiwan than in the United States. Row 4 shows the percentage of the population with psycopathic personality lower in Japan than in whites in the United States given in the data in from the Psychopathic Deviate Scale of the Minnesota Multiphasic Personality Inventory (MMPI) given in the Japanese and American standardisation manuals of the MMPI-2. The Japanese norms are based on a nationally representative sample of 1022.

Table 6.2. Northeast Asian-American comparisons on measures of psychopathic personality

	Country	Condition	Northest Asia	United States	Reference
1	Hong Kong	Conduct disorder: *d*	-.49	.00	Luk & Leung, 1989
2	Hong Kong	ADHD: *d*	-1.0	.00	Luk & Leung, 1989
3	Taiwan	ASPD:%	0.18	2.53	Compton, et al., 1991
4	Japan	Psychopathy: *d*	-.36	.00	Japanese MMP1, 1993

3. Crime

Crime rates for homicide and rape and per 100,000 population for five Northeast Asian countries for the years 1993-1996 have been given by Rushton & Templer (2009). Their results are given in Table 6.3 together with the medians of the rates averaged for 36 European countries. It will be seen that for both crimes the rates in the Northeast Asian countries are considerably lower than in Europe.

Table 6.3. Rates of homicide and rape per 100,000 population for 5 Northeast Asian and countries and Europe

Country	Homicide	Rape
China	1	3
Hong Kong	1	2
Japan	1	1
Singapore	1	3
South Korea	1	3
Europe	5	6

4. Moral Values

The Defining Issues Test has been developed as a measure of moral values by Rest (1979, 1986). This consists of a number of stories in which the leading actor is confronted with a moral dilemma. The problem is to discern the moral principle involved and choose the course of action consistent with it. This test has been given to high school students in the age groups 14-18.in South Korea and Hong Kong. The results are given in Table 6.4 expressed as *d* scores for these national samples in relation to American scores of zero. In both studies South Korea and Hong Kong students obtained higher scores showing stronger moral values than those in the United States.

Table 6.4. Race differences in moral values assessed by the Defining Issues Test (*ds*)

	Country	Northeast Asian	European	Reference
1	South Korea	1.71	0.00	Park & Johnson, 1984
2	Hong Kong	1.31	0.00	Rest, 1986

4. Sexual Precocity

Studies providing data on sexual precocity as an expression of psychopathic personality in young adolescents are summarised in Table 6.5. Rows 1 and 2 give the percentages of male and female 18-21 year old university students who had had sexual intercourse in a study of 4,688 students in Hong Kong. Rows 3 and 4 give the percentages of male and female university students who had had sexual intercourse in a study of 481 students in Shanghai. Rows 5 and 6 give much higher percentages of male and female university students who had had sexual intercourse in Britain in a study carried out in the same year. Rows 7 and 8 give lower percentages of male and female Chinese university students than of Europeans who had had sexual intercourse in Australia.

Table 6.5. Experience of sexual intercourse among university students (percentages)

	Country	Sex	Northeast Asian	European	Reference
1	Hong Kong	M	3.5	-	Fan et al., 1995
2	Hong Kong	F	1.4	-	Fan et al., 1995
3	China	M	6.3	-	Fan et al., 1995
4	China	F	2.9	-	Fan et al., 1995
5	Britain	M	-	50.0	Wellings et al., 1994
6	Britain	F	-	50.0	Wellings et al., 1994
7	Australia	M	40	67	Rosenthal et al., 1990
8	Australia	F	22	68	Rosenthal et al., 1990

For both men and women, significantly higher percentages of Anglo-Australian than of Chinese-Australian students had experience of sexual intercourse.

Table 9.2. College students experience of sexual intercourse (percentages)

	Anglo	Australian	Reference

Men	67	40	
Women	68	22	

6. HIV Infection

High levels of psychopathic personality would be expected to lead to high rates of HIV infection and it would therefore be expected that these would be low in Northeast Asia. This is shown in Table 6.6 which gives rates of HIV infection for 2009 for adults aged 16-45 years in ten world regions showing that these were lowest in Northeast Asia (UNAIDS, 2009).. This table also shows the highest rates of HIV infection in sub-Saharan Africa and the Caribbean providing further evidence for high levels of psychopathic personality in these populations.

Table 6.6. HIV infection rates in ten world regions (percentages)

Regions	HIV %	Regions	HIV %
Sub-Saharan Africa	5.0	South/Southeast Asia	0.3
Caribbean	1.0	Oceana	0.3
East Europe/Central Asia	0.8	West/Central Europe	0.2
South/Central America	0.5	North Africa/Middle East	0.2
North America/Mexico	0.5	Northeast Asia	0.1

7. Intimate Partner Violence

Studies of last year prevalence of intimate partner violence against women in Japan and the United States are summarised in Table 6.7. Row 1 gives results from a 1998 study of 4,500 women in Japan showing 2.7 percent had experienced intimate partner violence during the last year. Row 2 gives the average of five studies of intimate partner violence by white men against women in the United States presented in Table 2.24 showing that this is substantially higher than in Japan.

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Table 6.7. Intimate partner violence (IPV) against women (percentages)

	Country	IPV	Reference
1	Japan	2.7	Sourifu, 1999
2	United States	4.4	Table 2.24

8. Multiple Sexual Partners and Extramarital Sex

The desire for multiple sexual partners is one the classical defining features of psychopathic personality (see Chapter 2, section 10). It has been shown that this desire is weaker in Northeast Asians than in Europeans in a study that asked college students the number of sexual partners they desired in the next month and whether they desired more than one sexual partner (Schmitt, 2003). The results of this study are given in Table 6.8. It will be seen that Northeast Asians (in Hong Kong, Japan, South Korea and Taiwan) scored lower than the four samples of Europeans and South Asians scored about the same as Europeans on these measures.

Table 6.8. Desire for multiple sexual partners

Regions	Men N desired	Women N desired	Men 1+ %	Women 1+ %
North America	1.66	0.63	23.1	2.9
West Europe	1.82	0.93	27.6	2.9
East Europe	2.43	1.01	31.7	7.1
South Europe	2.01	0.90	31.0	6.0
South Asia	1.98	0.88	32.4	6.4
Northeast Asia	1.25	0.35	17.9	2.6

These results are corroborated by a study showing that infidelity during the last year is relatively rare at 8% of men and 1% of women in Hong Kong in comparison with 38% of men and 19% of women in Guinea Bissau (Africa) (Careal, Cleland, Deheneffe, Ferry & Ingham, 1995).

9. Drug and Substance Abuse

Studies of drug and substance abuse in Northeast Asia and the United States are summarised in Table 6.9. Row 1 shows the prevalence of alcohol abuse substantially lower Taiwan than in the United States. Row 2 shows the prevalence of drug abuse substantially lower Taiwan than in the United States. Row 3 shows the percentage of those who have ever used stimulants, cocaine or opiods in surveys during 1981 to 1986 are substantially lower in Japan and than in the United States.

Table 6.9**.** Drug and substance abuse in Northeast Asia and the United States (percentages)

	Country	Measure	Northest Asia	United States	Reference
1	Taiwan	Alcohol abuse	7.18	13.43	Compton, et al., 1991
2	Taiwan	Drug abuse	0.16	6.12	Compton, et al., 1991
3	Japan	Stimulants	0.9	7.1	Price at al., 1995

10. Altruism

Willingness to donate organs in the event of death was adopted to assess race differences in altruism in the United States in Chapter 2 and the results of a number of studies showing higher rates in Asians and Europeans were summarized in Table 2.43. The American results obtained from a telephone survey found that 43% of whites, but only 31% of Hispanics, and 23% of blacks were willing to donate their organs after death. A similar study of 284 adults also obtained from a telephone survey carried out by Yeung, Kong & Lee (2000) in Hong Kong in 1996 found that 60.3 percnt were willing to donate their organs after death providing futher evidence for a high level of altruism in Northeast Asians.

11. Conclusions

The studies of Northeast Asians summarized in this chapter show a low level of psychopathic personality expressed in epidemiological studies. low rates of conduct disorder, attention deficit hyperactivity disorder, homicide, sexual precocity, moral values, HIV infection, the desire for multiple sexual partners and drug and substance abuse, and a high level of altruism. These results confirm the studies showing a low level of psychopathic personality in Northeast Asians in the United States and Europe.

Chapter 7 South Asia and North Africa

The South Asians and North Africans are the indigenous peoples of southern Asia from Bangladesh in the east through India, Pakistan, Iraq, Iran, the Gulf states, the Near East and Turkey, and of North Africa, north of the Sahara desert. They are closely related to the Europeans and in some of the taxonomies of classical anthropology, such as that of Coon, Garn & Birdsell (1950), the two peoples have been regarded as a single race designated the Caucasoids. But Cavalli-Sforza, Menozzi & Piazza (1994) in their genetic analysis of human differences have shown that the South Asians and North Africans form a distinctive genetic "cluster" that differentiates them from the Europeans. They are therefore treated here as a separate race.

1. General Population Studies

A study of the prevalence of psychopathic personality in Iran in a national survey of a representative sample of 375 young males aged 16-19 years reported a rate of 6.9 percent (Aghaei & Golparvar, 2014). This can probably be regarded as about the same as the rate for young males in the United Sates and Europe although there are no data strictly comparable to the Iranian result.

Numerous studies of the prevalence of psychopathic personality in the South Asians and North Africans in Europe compared with Europeans are reviewed in Chapter 4. These show that South Asians have somewhat higher rates of psychopathic personality than Europeans assessed in the epidemiological study in Britian given in Table 4.1, and higher rates of conduct disorders (Tables 4.2 and 4.3) and child maltreatment in three studies in the Netherlands (Table 4.16). However, the rates for crime given in Tables 4.4, 4.5, 4.6 and 4.7 are about the same as those for Europeans. South Asians have consistently higher rates of monogamous relationships assessed by rates of marriage and co-habitation (Tables 4.8 and 4.9) and lower rates of multiple sexual partners (Tables 4.10 and 4.11). South Asians have lower rates of recklessness assessed by the non-use of contraception by those who do not wish to have children (Table 4.13), lower rates of sexual precocity (Table 4.14), lower rates of intimate partner violence in Britain but a higher rate among North Africans in Spain **(**Table 4.15), and a lower rate of alcoholic abuse in the Netherlands (Table

4.17). A study of second generation Moroccan immigrants in Belgium reported a non-significant difference of 8 percent with conduct disorders compared with 6 percent among Europeans (Fossian et al. (2002). A study of Asian and black 11 year olds in Mauritius found blacks scored higher on both aggressive and non-aggressive antisocial personality (Raine et al. 1997),

2. Intimate Partner Violence

Studies of the prevalence of last year intimate partner violence against women in South Asia are summarised in Table 7.1. The percentages are all much higher than those of around 3 to 12 percent for white women in the United States and Brtitain with the exception of the lower rate of 8.1 percent for Jews in Israel, about half of whom are of European origin. A lifetime prevalence of intimate partner violence of 22 percent experienced by Thai women in Sweden is given by Fernbrant et al. (2014).

Table 7.1. Experience of intimate partner violence (IPV) against women (percentages)

	Country	Year	IPV	Reference
1	Cambodia	2000	17.5	Kishor & Johnson, 2004
2	Israel	1988	11.0	Pagovich, 2004
3	Israel: Jews	2005	8.1	Boy & Kulczycki, 2008
4	Israel: Bedouin	2005	48.3	Boy & Kulczycki, 2008
5	India	1999	18.9	Kishor & Johnson, 2004
6	Jordan	2003	42.5	Khawaja & Barazi, 2005
7	Lebanon	2005	22.0	Boy & Kulczycki, 2008
8	Syria	2005	23.1	Boy & Kulczycki, 2008
9	Thailand	2000	34.0	WHO, 2002
10	Turkey	2005	50.9	Boy & Kulczycki, 2008
11	Vietnam	2006	31.0	Vung et al., 2008
12	Vietnam	2012	27.3	Fisher et al., 2013

3. Attention Deficit Hyperactivity Disorder

The prevalence of ADHD in 321 Indian children aged 5-10 years has been reported by Gada (1987) as 8.1 percent with a 7.6:1 ratio of boys to girls. Prevalence rates for whites in two studies in the United States are given in Table 2.11 as 15.2 and 1.0 and are therefore inconsistent but taken together suggest that the prevalence among Indian children is about the same as that in American whites.

4. South Asians in South Africa

Studies giving data for rates of the prevalence of psychopathic personality in South Asians and

Europeans in South Africa are reviewed in Chapter 5. These showed that South Asians had higher rates of attention deficit hyperactivity disorder at 4.2 percent compared with 3.9 percent for Europeans given in Table 5.2, and conistently higher rates of homicide than for Europeans in six studies given in Table 5.3. But South Asians had the same rates of HIV infection as Europeans given in Table 5.14.

5. Conclusions

It is difficult to draw a conclusion regarding the prevalence of psychopathic personality in the South Asians and North Africans compared with Europeans. It is considered that the best provisional conclusion is that the rate is about the same.

Chapter 8

The Caribbean

The Caribbean is largely populated by blacks and mulattos who have mixed black and white ancestry. The percentages of blacks and mulattos in the major Caribbean islands are given in Table 8.1. The percentage of white ancestry in the mulattos is given as around 7 percent in Jamaica (Parra, Marcini & Akey, 1998) and around 25 percent in Trinidad (Saha & Samuel, 1987).

1. Crime

Crime rates for homicide and rape per 100,000 population for 10 major Caribbean islands for the years 1993-1996 have been given by Rushton & Templer (2009). Their results are given in Table 8.1 togther with the medians of the rates averaged for 36 European countries. It will be seen that for both crimes the rates in the Caribbean islands are higher than in Europe, with the exception of homicide in Antigua, and in most cases much higher.

Table 8.1. Percentage blacks and crime rates per 100,000 population for Europe and 10 Caribbean islands

	Blacks %	Homicide	Rape
Europe	-	5	6
Antigua	91	5	85
Bahamas	80	14	48
Barbados	80	6	26
Bermuda	61	14	48
Dominica	87	8	28
Dominican Rep	84	14	14
Grenada	84	8	43
Jamaica	76	31	31
Saint Kitts	-	9	40

Trinidad	40	12	11

More recent data for the rates for homicide were given as 16 per 100,000 population for the 24 Caribbean countries for the years 2003-2008 compared with 5 per 100,000 population in 42 European countries by Harrendorf, Heiskanen & Malby (2010).

Race differences in rates of crime in Cuba are summarized in Table 8.2. Row 1 gives the percentages in the population in 1996. Row 2 shows blacks greatly over-represented in prison. Row 3 gives data for blacks and Mulattos combined showing these have a higher crime rate than whites .

Table 8.2. Race differences in crime in Cuba

	Crime	Black	Mulatto	White	Reference
1	Population percent	12	22	66	Phillips, 1996
2	In prison percent	80	-	10	Fontova, 2005
3	Crime odds ratios	-	1.2	1.0	de Salas del Valle, 2009

2. Delay of Gratification

Three studies have investigated race differences in delay of gratification in the Caribbean. The first to report differences between blacks and whites in the delay of gratification was carried out by Mischel (1961a,b) in Trinidad. He offered black and white children the choice between being given a small candy bar now or a larger one in a week's time. He found that black children were much more likely to ask for the small candy bar now. This difference was confirmed in a study by Green (1964, 1972) who repeated the experiment on black and white children in Trinidad and found the same result. A third study was carried out by Vernon (1969) who gave a delay of gratification test to black 11-year-old boys in Jamaica and found that they had a stronger preference for instant gratification than whites.

3. Moral Values

The Defining Issues Test was developed by Rest (1979, 1986). This consists of a number of stories in which the leading actor is confronted with a moral dilemma. The problem is to discern the moral principle involved and choose the course of action consistent with it. This test has been given to high school students in several countries with different racial populations and the results for Trinidad and Jamaica expressed as *d* scores for these national samples in relation to American scores of zero are shown in Table 8.3. It will be noted that high school students in the predominantly black populations of Jamaica and Trinidad obtain lower scores than Americans.

Table 8.3. Moral values assessed by the Defining Issues Test (*ds*)

	Location	Black	White	Reference
1	Trinidad	-0.45	0.00	Rest, 1986
2	Jamaica	-0.51	0.00	Gielen et al., 1989

4. Monogamy and Marriage

There are low rates of stable monogamous unions among blacks in the Caribbean islands. In a review of the literature Ram & Ebanks (1973, p. 143) wrote that ‘‘In the Caribbean in general. . . there is a substantial amount of movement from one sex partner to another and also a very high percentage of reproduction outside marriage’’.

Racial differences in stable monogamous unions in Jamaica are shown in the percentages of the total population children who were married given in the 1943 census. These were highest in Europeans (42.5 percent) followed by East Indians (27.0 percent), Mulattos (20.7 percent) and lowest in Blacks (15.5 percent).

5. Sexual Precocity

Studies giving data on age of first sexual intercourse in Caribbean countries are summarised in Table 8.4. Rows 1, 2 and 3 give the average ages in Costa Rica and
Jamaica. Rows 4 and 5 give the average ages in further studies of the age of first sexual intercourse in Jamaica. Row 6 gives 14 years as the median age at which girls had first sexual intercourse in the U.S. Virgin Islands obtained in surveys over the years 1972-86. A point of interest is the early age of boys’ first sexual intercourse at 13.4 and 14.3 years in the two studies in Jamaica. Rows 7 and 8 give the average ages of the age of first sexual intercourse of 13 for boys and 14 for girls of blacks in Haiti. Rows 9 and 10 give the average ages of the age of first sexual intercourse of blacks in the United States showing that these are about the same as those in the Caribbean. Rows 11 and 12 give the average ages of the age of first sexual intercourse of whites in the United States showing that these are later than those of blacks in the Caribbean and in the United States.

Table 8.4. Age of first sexual intercourse

	Years	Country	Sex	Age	Reference
1	1980s	Costa Rica	F	16.6	Morris,1988
2	1980s	Jamaica	M	14.3	Morris,1988
3	1980s	Jamaica	F	16.9	Morris,1988
4	1997	Jamaica	M	13.4	Friedman et al., 1997
5	1997	Jamaica	F	15.9	Friedman et al., 1997
6	1972-86	Virgin Islands	F	14	Donoghue, 1992
7	2012	Haiti	M	13.0	Carver et al., 2014
8	2012	Haiti	F	14.5	Carver et al, 2014
9	1990	USA: Blacks	M	14.3	Day, 1992
10	1990	USA: Blacks	F	16.8	Day, 1992
11	1990	USA: Whites	M	16.3	Day, 1992
12	1990	USA: Whites	F	17.4	Day, 1992

6. Recklessness: Non-use of Contraception

Studies providing data on the low percentages of boys and girks that used contraception during first sexual intercourse in Jamaica in the 1980s are summarised in Table 8.5.

Table 8.5. Use of contraception in Jamaica (percentages)

Sex	Age	Percent use	Reference
Boys	14.3	11.0	Morris, 1988
Girls	16.9	40.9	Morris, 1988

7. Intimate Partner Violence

Studies of the frequency of last year intimate partner violence in the Caribbean are summarized in Table 8.6. Row 1 shows that 20 percent of women aged 15-49 in Jamaica reported having experienced forced sex. Rows 2 and 3 give data for any kind of intimate partner violence. Rows 4 and 5 give data for any kind of intimate partner violence in the last last two years for blacks in St Croix and the US Virgin Islands. Rows 6 and 7 give data for any kind of intimate partner violence for blacks in the United States showing in row 5 about the same rate as in the Caribbean. Rows 8 and 9 give data for any kind of intimate partner violence for whites in the United States showing lower rates than for blacks

Table 8.6. Rates of intimate partner violence in the Caribbean

	Country	IPV	%	Reference
1	Jamaica	Last year	20	Mc Farlane, 1999
2	Dominican Rep.	Last year	22	Kishor & Johnson, 2004
3	Haiti	Last year	29	Kishor & Johnson, 2004
4	St Croix	Last 2 years	28	Stockman et al., 2014
5	US Virgin Ils	Last 2 years	38	Stockman et al., 2014
6	USA: Black	Last year	11	Cazenaze & Strauss, 1990
7	USA: Black	Last year	23	Caetano et al. 2000
8	USA: White	Last year	3	Cazenaze & Strauss, 1990
9	USA: White	Last year	12	Caetano et al. 2000

8. Sexually Transmitted Diseases

Rates of sexually transmitted diseases in Jamaica are given in Table 8.7. Row 1 gives results in a 1997 survey of 9,111 of 15-24 year olds in Jamaica showing that 8.5 percent of females and 8.7 percent of males reported an STD in the last year. Row 2 gives results for a sample of women attending a family planning clinic showing that 26 percent had an STD. Rows 3 and 4 give results for a national sample of 958 aged 15-49 years showing that 29 percent of men and 9 percent of women reported a history of STD. Rows 5 and 6 give results in a 1997 survey of 9,111 of 15-24 year olds in Jamaica showing that 8.5

percent of females and 8.7 percent of males reported an STD in the last year.

Table 8.7 Rates of sexually transmitted diseases in Jamaica (percentages)

	STD	Percent	Reference
1	Current	26	Behets et al, 1998
2	Current	19	Dowe et al., 1998
3	Ever: males	29	Jamaica Ministry Health, 2000
4	Ever: females	9	Jamaica Ministry Health, 2000
5	Last year: males	8.7	Norman, 2001
6	Last year: females	8.5	Norman, 2001

9. Work Motivation and Commitment

It was noted in Chapter 2 that in the United States blacks have weaker work motivation and commitment than whites and in Chapter 5 that blacks have weak work motivation and commitment in sub-Sararan Africa. The weak work motivation and commitment of blacks was also found in the Caribbean after slavery was abolished in the British colonies in 1833. The British plantation owners found that many of the former African slaves were unwilling to work for wages as day laborers and were unreliable employees. Thomas Atwood, the chief judge in Dominica and later in the Bahamas, described the problem: “It is difficult to make them work: it is sometimes absolutely necessary to have recourse to measures that appear cruel, in order to oblige them to labour” (Fryer, 1984, p. 164). To solve the problem of securing a reliable supply of labor, the plantation owners brought in a number of Indians from the Indian subcontinent and also some Portuguese and Chinese, who were found to be more reliable laborers than the blacks: “In Jamaica, Grenada, Guyana, and Trinidad, many ex-slaves rapidly quit the plantations to establish villages where they could live and cultivate subsistence crops without interference from white management and their allies. To replace this lost labor, the planters in these countries used government revenues to import Chinese, Portuguese, and Indians under onerous indentures” (Smith, 1984, p. 138).

11. Conclusions

Blacks in the Caribbean display high rates of psychopathic personality expressed in high rates of crime, **s**exual precocity, sexually transmitted diseases, intimate partner violence and recklessness in the non-use of contraception, and low rates of moral values, the ability to delay gratification, **s**table monogamous unions and work motivation and commitment.

Chapter 9 Australia

The Aborigines are the indigenous people of Australia. It has been estimated that before the Europeans arrived they numbered around 300,000. Their numbers were considerably reduced following the colonization of Australia by Europeans, partly as a result of diseases contracted from Europeans from which they lacked immunities, and partly as a result of Europeans killing them. In the second half of the twentieth century, the numbers of Aborigines in the censuses of 1961, 1971 and 1981 were recorded as approximately 106,000, 139,000, and 171,000. In 2001 the number had increased to 458,500 and in 2011 it had increased further to 669,736. This rapid increase in numbers has been a result of high birth rates with a TFR (Total fertility Rate) of 2.74, compared with 1.88 for all Australian women, and a reduction of infant and child mortality. The Australian Aborigines have a low average IQ calculated at 62 on the basis of seventeen studies given in Lynn (2016).

1. Conduct Disorder

A high level of psychopathic personality in the Australian Aborigines is expressed among children and young adolescents in their high rates of conduct disorder and of expulsion from schools for psychopathic behavior. In New South Wales in the 1990s, Aborigines comprised 3 percent of the school population but 12 percent of those suspended and expelled (Gray, Hunter & Schwab, 2000).

2. Crime

The high prevalence of psychopathic personality disorder in the Australian Aborigines is also expressed in their high rates of crime. Studies documenting the high crime rates of the Australian Aborigines expressed as odds ratios in relation to 1.0 for Europeans are given in Table 9.1. These show incarceration rates of Australian Aborigines for selected years between 1986 and 2011 at between 9.7 and 26.0 times higher than those of Europeans.

Row 1 gives data for 1986 showing that Aborigines were over-represented in prison in all the eight Australian states by factors (odds ratios) ranging from 3.0 in the North Territory to 12.5 in South Australia, and by 9.7 for Australia as a whole. Row 2 gives data for 1992 compiled by Broadhurst (1997) reporting that the rate of imprisonment for adults was 26 times higher for Aborigines than for Europeans. He discusses the reasons why Aborigines have so much higher rates of imprisonment. He dismisses the idea that there could be any genetic reasons for this because “the hereditary thesis with its origins in phrenology is now fully discredited” (p. 413). He discusses the possibility that there could be racial bias in police arrests or court convictions but finds that this is not the case because the police do not arrest Aborigines proportionately more than their crime rates warrant, and because Aborigines report much higher rates of assault by other Aborigines, as compared with Europeans. He concludes that “the key general cause of the disproportionate criminalization of Aborigines is universally perceived to be socioeconomic deprivation and consequential exclusion” and that “the underlying issues of unemployment, poverty, ill-health, dispossession, and disenfranchisement are the causes of the over-involvement of Aborigines in prison” and these are themselves

"the product of indirect discrimination" (pp. 453-4). Rows 3, 4, 5 and 6 show that the incarceration rates of Aborigines wre consistently 14 to 16 ties higher than those of Europeans from 1999 to 2013.

Table 9.1. Crime (imprisonment) rates of Australian Aborigines and Europeans (odds ratios)

	Year	Aborigines	Europeans	Reference
1	1986	9.7	1.0	Cove, 1992
2	1992	26.0	1.0	Broadhurst, 1997
3	1999	14.0	1.0	Australian crime, 2000
4	2004	16.0	1.0	Australian Bureau Statistics, 2005
5	2011	14.6	1.0	Ting, 2011
6	2013	15.0	1.0	Lee, 2013

3. Sexual Precocity

Greater sexual precocity among Australian Aborigines than among Europeans is shown by the fertility rate of 78 per 1,000 for teenagers aged 15-19 in 2011 compared with 16 per 1,000 of Europeans (Australian Bureau of Statistics, 2011). A study of sexual experience of 1,139 Anglo-Australian and Chinese-Australian 17-20 year old college students is summarised in Table 9.2. For both men and women, significantly higher percentages of Anglo-Australian than of Chinese-Australian students had experience of sexual intercourse.

Table 9.2. College students' experience of sexual intercourse (percentages)

	Anglo Australian	Chinese Australian	Reference
Men	67	40	Rosenthal et al., 1990
Women	68	22	Rosenthal et al., 1990

4. Drug and Substance Abuse

The high prevalence of psychopathic personality among the Aborigines is expressed in their high rates of drug and substance abuse. Results of a number of studies reporting these high rates in Australian Aborigines compared with Europeans are summarized in Table 9.3. Row 1 shows 36 percent of 9-14 year olds in an Aboriginal community were petrol sniffers. Rows 2 and 3 show much higher rates of hospital admissions for Aborigines for alcoholism and liver cirrhosis in 1977. Rows 4 and 5 show much higher rates of alcohol abuse defined as heavy drinkers in a report suggesting that the "reasons are related back to the sense of powerlessness, low status, and lack of privilege in being a minority" (Callan, 1986, p. 45). Rows 6 and 7 confirm the much higher rates of alcohol abuse by Aboriginal men and women defined as drinking nine or more standard drinks per drinking session. The high rate of alcohol abuse of Aboriginal women results in a higher rate of fetal alcohol syndrome of 2.76 percent in Aboriginal babies compared with 0.02 percent in whites

reported by the Human Rights and Equal Opportunity Commission (2005). Rows 8 through 11 show much higher rates of cigarette use by Aboriginals. Rows 12 through 14 show much higher rates of cannabis use by Aboriginal teenagers, and rows 15 and 16 show much higher rates of cannabis use by Aboriginal adults.

Table 9.3. Drug abuse rates of Australian Aborigines and Europeans (percentages)

	Drug abuse	Aborigines	Europeans	Reference
1	Petrol sniffing	36	-	Eastwell, 1979
2	Alcoholism	1.58	0.17	Hunt, 1981
3	Liver cirrhosis	0.12	0.04	Hunt, 1981
4	Alcohol: males	30	5	Callan, 1986
5	Alcohol: females	3	1	Callan, 1986
6	Alcohol: males	53	4	Hunter et al., 1992
7	Alcohol: females	19	0.5	Hunter et al., 1992
8	Cigarettes: males	71	39	Hogg, 1995
9	Cigarettes: females	76	42	Hogg, 1995
10	Cigarettes: males	50	28	Perkins et al., 1994
11	Cigarettes: females	49	20	Perkins et al., 1994
12	Cannabis	29.5	11.9	Gray et al., 1997
13	Cannabis	24	10	Forero et al., 1999
14	Cannabis	11.9	9.0	Zubrick et al., 2005
15	Cannabis: males	66.2	4.9	India et al. 2012
16	Cannabis: females	30.5	2.2	India et al. 2012

In addition to these studies, Perkins, Sanson-Fisher & Blunden (1994) found that Aborigines were significantly more likely to have used marijuana, heroin, cocaine and petrol sniffing, and Pink & Allbon (2008) have reported that Aborigines were more likely to have used illicit drugs in the past 12 months.

5. Intimate Partner Violence

Intimate partner violence between husbands and wives is another characteristic of psychopathic personality for which there is a high prevalence among the Australian Aborigines. Studies summarizeing the high rate of violence by Aboriginal men on tbeir female partners are shown in Table 9.4. Row 1 shows that Aboriginal women were 10 times more likely to be killed by their men partners than were European women. Row 2 shows the results of a 1994 study in Western Australia that found that Aboriginal women were 45 times more likely to have experienced violence from their husbands than had European women. Row 3 shows over the period 2006-7 Aboriginal and Torres Strait Islander people were 34 times more likely to be hospitalised as a result of domestic violence compared to non-indigenous people and reports that the true rate of violence in many communities is likely to be higher than that reported (Steering Committee for the Review of Government Service Provision, 2009).

Table 9.4. Intimate partner violence of Australian Aborigines and Europeans (odds ratios)

	IPV	Aborigines	Europeans	Reference
1	Homicide	10	1	Cumberworth, 1997
2	Violence	45	1	Donnan, 2001
3	Violence	34	1	Steering ctte, 2009

6. Child Abuse and Neglect

Aboriginal and Torres Strait Islander children have been over-represented in child protection and out-of-home care services compared to other Australian children since the first data were collected in 1990 (Australian Institute of Health and Welfare, 2011). In 2010-2011, 3.46 percent of Aboriginal and Torres Strait Islander children had child protection records of harm or risk of harm from abuse or neglect, compared with 0.45 percent of non-Aboriginal children, indicating that Aboriginal and Torres Strait Islander children were 7.5 times more likely than non-Indigenous children to have experienced harm or risk of harm. The maltreatment most frequently experienced by Aboriginal children was child neglect defined as the failure of the parents to provide for a child's basic needs, including the provision of adequate food, shelter, clothing, supervision, hygiene or medical attention. Aboriginal and Torres Strait Islander children were also at greater risk than non-Aboriginal children of being sexually abused (Steering Committee for the Review of Government Service Provision, 2007).

7. Sexually Transmitted Diseases

Rates of the sexually transmitted diseases are considerably higher for Aborigines than for Europeans. The rates for gonorrhoea, syphilis and chlamydia for 2009-2011 given by the Australian Bureau of Statistics (2011) are shown in Table 9.5. Rates of HIV are less than 1.0 per 10,000 in both Aborigines and Europeans.

Table 9.5. Sexually transmitted disease rates per 10,000 for Australian Aborigines and Europeans

STD	Aborigines	Europeans
Gonorrhoea:	109	1.7
Syphilis	2.7	0.47
Chlamydia	164	29.6

8. Problem gambling

Table 9.6 summarises studies of the greater prevalence of problem gambling in Australian Aborigines than in Europeans. Row 1 gives the percentage of 2.1 of problem gamblers in European Australians in a study carried out in the late 1990s. Row 2 gives a similar percentage (2.5) of problem

gamblers in European Australians in the Nothern territories in a study carried out in the early 2000s and a rate about three times greater (7.9) in Aborigines. Rows 3 and 4 give two more recent studies reporting a high prevalence of problem gambling in Australian Aborigines.

Table 9.6. Problem gambling in Australian Aborigines and Europeans (percentages)

	Aborigines	Europeans	Reference
1	-	2.1	Productivity Commission. 1999.
2	7.9	2.5	Young et al., 2007
3	24.0	-	Stevens & Young, 2009a.
4	13.5	-	Stevens & Young, 2009b

9. Work Motivation and Commitment

The low level of work motivation and commitment of the Aborigines living in settlements has been described by the German sociologist Hans Schneider: "Almost all the inhabitants are unemployed and fully dependent on social security. Any motivation to work has been destroyed by their weekly security cheques. They sit around in a state of boredom and hopelesssness. Faulty machinery is simply left where it breaks down and transitor radios are thrown away when the batteries are flat. Under the supervision of whites they are able to establish a plantation or cattle station and will work there, but as soon as this supervision and instruction is withdrawn the project collapses' (Schneider, 1992, p.11).

10. Self-esteem

A further expression of the high prevalence of psychopathic personality disorder in the Aborigines is their high self-esteem. A study of 195 secondary schools students by Purdie & McCrindle (2002) found that Australian Aborigines had higher self-esteem and a stronger self-concept than a comparison group of 162 Europeans. The Aborigines had a higher rate of endorsement of questions like "I am happy with the sort of person I am" (self-acceptance), "I like the work we do at school" (satisfaction with school), "I get good marks in most of my work at school" (academic achievement), "I have many friends" (peer acceptance), and "I will be successful in what I do when I leave school" (career confifence). These are remarkable results considering the reality of the low levels of achievement of the Aborigines in schools and employment. Similar results however have been found for African-Americans in the United States given in Chapter 2.

11. Conclusions

In all of the expressions of psychopathic personality (conduct disorders, crime, sexual precocity, child abuse and neglect, drug abuse, intimate partner violence, sexually transmitted diseases, problem gambling and self-esteem) Australian Aborigines have a substantially higher prevalence than Europeans. The Chinese in Australia have lower psychopathic personality than Europeans expressed in their lower prevalence of sexual precocity consistent with other studies showing low psychopathic personality in Northeast Asians reviewed in Chapter 6.

Chapter 10 New Zealand

The Maori are the indigenous peoples of New Zealand, which they settled about 800 AD from Polynesia. Europeans colonised New Zealand in the nineteenth century, and a number of Chinese entered the country in the second half of the twentieth century. In 2001, the Maori.were 14 percent of the population, Europeans were 74 percent, and Chinese 6 percent. The Maori were described by an American psychology professor David Ausubel (1961, pp. 65–73) who made a study of them in the late 1950s and wrote: "Maori parents tend to adopt a passive, uninterested, and laissez-faire attitude towards their children's vocational careers. They are more willing to let an adolescent son drift…; they live in an atmosphere of wretched housing and sanitary conditions, uncontrolled drinking, improvident spending, and gross neglect of children…adolescents and adults alike tend to become demoralised, apathetic, and unwilling to take even the simplest steps to improve their lot". This description suggests they have a high prevalence of psychopathic personality.

1. Conduct Disorders

Studies summarising the prevalence of conduct disorders in Asians, Maori and Europeans are given in Table 10.1. Row 1 gives much higher rates of psychopathic personality in Maori than in Europeans among young adults born in 1977 and followed up in the Christchurch birth cohort study. Row 2 gives rates of conduct disorders for 16-18 year olds for 2005 and shows these almost three times greater in Maori than in whites. Row 3 gives rates of truancy from school as percentages in a sample week in 2004 and shows these approximately fifty percent higher in Maori than in whites. Row 4 gives rates per 1,000 of school "stand-downs", the New Zealand term for temporary exclusion from school, for 2005, and shows these approximately eight times greater in Maori than in whites. Row 5 gives rates in 2005 per 1,000 of school suspensions which are longer and can be permanent, and shows these approximately four times greater in Maori than in whites. Asians have lower rates than whites for truancy, of school stand-downs and school suspensions. Row 6 gives percentages classified as delinquent in matched samples of youth that sexually offend and shows that these are approximately twice as great in Maori as in whites.

Table 10.1 Race differences in conduct disorders (percentages)

	Conduct disorders	Asians	Maori	Whites	Reference
1	Psychopathy	-	19.3	6.4	Marie et al., 2014
2	Conduct disorders	-	11.3	4.0	New Zealand Dept Corrections, 2007
3	Truancy	2.0	5.5	2.1	New Zealand Dept Corrections, 2007
4	School stand-downs	7	58	21	New Zealand Dept Corrections, 2007
5	School suspensions	3	17	4	New Zealand Dept Corrections, 2007
6	Delinquency	-	52	25	Lim et al., 2012

2. Crime

The Maori have much higher rates of crime than Europeans and Asians (Fifield & Donnell, 1980; Lovell & Norris, 1990; Newbold, 2000; Spier, 2001). This is shown in Table 10.2 for criminal convictions for men aged 15 years and older per 1,000 for four categories of crime for the period 1951-1966 (theft includes burglary and fraud, and drunkenness includes vagrancy). The total crime rates for Maori are more than four times higher than those for whites, while the Asians (ethnic Chinese) had much lower total crime rates about one fifth those of whites. Rows 6 and 7 give much higher rates of violent and property crime in Maori than in Europeans among young adults born in 1977 and followed up in the Christchurch birth cohort study.

Table 10.2 Race differences in crime (per 1,000)

	Crime	Asians	Maori	Whites	Reference
1	Assault	0.42	4.79	0.61	New Zealand Statistics, 1970
2	Theft	0.89	27.57	5.71	New Zealand Statistics, 1970
3	Drunkenness	0.86	15.46	5.17	New Zealand Statistics, 1970
4	Sex crimes	0.13	1.49	0.40	New Zealand Statistics, 1970
5	All crimes	2.30	49.31	11.89	New Zealand Statistics, 1970
6	Violence	-	4.56	2.39	Marie et al., 2014
7	Property	-	3.42	2.44	Marie et al., 2014

Further evidence for a high Maori crime rate in 1999 was published by Rich (2000) who reported that Maoris were approximately 14 percent of the population but 38 percent of prison admissions. The high Maori crime rate was confirmed in 2007 when it was reported that Maori were 12.5 per cent of the population and 50 percent of those in prison (New Zealand Dept of Corrections, 2007) giving Maori a 400 percent over-representation among those committing sufficiently serious crimes to receive a custodial sentence.

A number of social scientists in New Zealand have argued that the higher rate of criminal convictions of the Maori does not reflect a higher rate of offending but is attributable to discrimination, prejudice and racism of the police and the criminal justice system. This racism and discrimination includes bias in police arrest practices and cultural biases in the justice system that place Maoris at greater risk of being convicted when they appear before the Court (Lovell & Norris, 1990). This explanation has been tested by Fergusson and Horwood and their colleagues in the Christchurch Health and Development Study (CHDS). This is a longitudinal study of a birth cohort of over 1,000 young people that has been studied from birth to age 21. As part of this study, data on both officially recorded convictions and self-reported crime have been gathered at regular intervals. In the first of these studies they examined rates of police contact among young Maoris up to the age of 14. They found that Maoris had rates of police contact that were 2.9 times higher than rates for Europeans and that the higher rate of crime among the Maori was also present in self-reported offending.

In a second study, Fergusson, Horwood & Swain-Campbell (2003) examined rates of conviction and of self reported serious crimes (assault and burglary) committed between the ages of 18 and 21 by Maori and Europeans in the CHDS cohort. The results are shown in Table 10.3. Row 1 shows that Maori had 5.9 times the rate of conviction for serious crimes as Europeans, somewhat higher than the rate of a little over four times higher rate for all ages shown in Table 10.2. Row 2 gives the Maori self reported crime rate and show that this was 3.2 times the rate of Europeans.

Table 10.3. Crime rates per annum of 18-21 year olds in New Zealand (percentages)

	Crime	Maori	Europeans	Odds ratio
1	Convictions	30.3	5.2	5.9
2	Self-reported	452	136	3.2

The authors of these studies conclude that the results suggest the presence of some biases in the criminal justice system in so far as the conviction rates of Maoris are greater than their self reported crime rates. However, this inference assumes that Maori and European youth are telling the truth when asked about what crimes they have committed. Research in the United States by Huizinga & Elliott (1984) and Hindelang, Hirschi & Weis (1981) has shown that there are large discrepancies between criminal convictions and self-reported crimes, and that blacks under-report their crimes more than whites. The most significant results of the Fergusson and Horwood studies are that they show that self-reported crimes by Maori are considerably greater than those of Europeans.

3. Recklessness in Sexual Behavior and Sexual Precocity

Recklessness and sexual precocity are two features of psychopathic personality that are captured by rates of teenage pregnancy. Virtually no teenagers want to become pregnant and have babies (Kalmuss, 1992), so teenage pregnancies and births can be regarded as resulting from recklessness in having unprotected sex and sexual precocity. The birth rates of teenage Maori and European women per 1,000 aged 15-17 years are shown for selected years from 1996 to 2003 are given by the New Zealand Dept of Corrections (2007) and are shown in Table 10.4. It will be seen that in all three years the rate for Maori teenagers was approximately five times greater than the rate for Europeans.

Table 10.4. Births to teenage women aged 15-17 per 1,000

Year	Maori	Europeans	Odds ratio
1996	48.3	9.9	4.8
2000	40.3	7.9	5.1
2003	39.4	7.9	5.0

4. Child Abuse and Neglect

Child abuse and neglect are two further features of psychopathic personality that are expressions of the “inability of function as a responsible parent” in the list of psychopathic characteristics described by the American Psychiatric Association. There are higher rates of these in the Maori. This is shown for children aged 0-16 years for selected years from 1998 to 2003 in Table 10.5 given by the New Zealand Dept of Corrections (2007). It will be seen that in the three years the rate of child abuse and neglect for Maori was between two and two and a half times greater than the rate for Europeans. In another study it was reported that Maori children younger than 5 years were twice as likely to be hospitalized for intentional injury than non-Maori children (Child Youth and Family, 2006).

Table 10.5. Child abuse and neglect per 1,000

Year	Maori	Europeans	Odds ratio
1998	12.6	5.0	2.5
2000	12.2	5.2	2.3
2003	12.0	6.0	2.0

5. Drug Use

In the nineteenth century the European colonists brought alcohol and introduced the Maori to it. Many of them developed alcohol abuse, and this problem was sufficiently serious in the 1850s that the British colonial authorities prohibited the sale of alcohol to Maori. In the twentieth century, Maori men were 2.7 times more likely to die from excessive alcohol consumption than Europeans, while Maori women were 1.6 times more likely to die from excessive alcohol consumption. The Maori had higher rates of admission to hospitals for liver cirrhosis and diseases of the pancreas resulting from excessive alcohol consumption, and had 1.6 times the rate of drunk-driving accidents than Europeans (Mancall, Robertson & Huriwai, 2000). In a further study, alcohol-related deaths of Maori males were 2.2 times the rate of European males of the same age (Pomare, Keefe-Ormsby, Ormsby & Pearce, 1995).

Further studies of the high prevalence of the Maori in substance abuse disorders are given in Table 10.6. Row 1 and show that by the age of 21 Maori had 6.0 times the rate of conviction for marijuana (cannabis) use than Europeans and 5.2 times the rate of self-reported marijuana use. Rows 2 through 4 show that Maori had about fifty percent higher self-reported marijuana use than Europeans. Row 5 shows a higher rate of self-reported cigarette use by Maori than by Europeans. It has also been reported that the Maori are disproportionately over-represented in substance abuse disorders wih a 25 percent life time experience (Baxter, 2008).

Table 10.6. Maori and European rates of drug use (percentages)

	Drug use	Maori	Europeans	Reference
1	Marijuana: Convictions	13.1	2.2	Fergusson et al., 2003
2	Marijuana: Self-reported	17.1	3.3	Fergusson et al., 2003
3	Marijuana: Self-reported	20.8	14.0	New Zealand, 2007
4	Marijuana: Self-reported	44.7	32.3	Marie et al., 2014
5	Cigarettes: Self-reported	44.7	32.3	Marie et al., 2014

6. Intimate Partner Violence

Psychopathic personality is expressed in violence and the inability to preserve long term loving relationships with spouses and partners. These two characteristics are captured in "intimate partner violence" consisting of assaults by spouses and partners on each other. The lifetime prevalence rates of these for Asians, Europeans and Maori were collected in a national survey of a sample of 4,559 by Morris & Reilly (2003) and the results are given in Table 10.7. It will be seen that the prevalence of violence between intimate partners was nearly twice as frequent among Maori than among whites, and the use of a weapon was almost three times as frequent. The rates for Asians were the lowest for both measures of intimate partner violence.

Table 10.7. Intimate partner violence (percentages)

	Behavior	Asians	Maori	Whites
1	Violence	13.2	31.7	17.3
2	Use weapon	3.4	12.2	4.1

In a later study it was reported that Maori women were significantly more likely to be victims of repeated domestic violence than women from other ethnic groups (Child Youth and Family, 2006).

7. Work Motivation and Commitment

The low level of work motivation and commitment of the Maori is indexed by their high rate of welfare dependency reported as 48.3 per cent among young adults born in 1977 and followed up in the Christchurch birth cohort study, compard with 24.9 percent in Europeans (Marie et al., 2014).

8. Conclusions

In all of the expressions of psychopathic personality (conduct disorders, crime, recklessness, sexual precocity, child abuse and neglect, drug use, intimate partner violence and welfare dependency) Maori have a substantially higher prevalence than Europeans. For the three measures for which there are data (conduct disorders, crime and intimate partner violence) Asians, consisting largely of Chinese, have a substantially lower prevalence than Europeans confirming the results showing low psychopathic personality in Northeast Asians reviewed in Chapter 6. .

Chapter 11 Pacific Islanders

The Pacific Islanders are the indigenous peoples of the numerous Pacific islands, the principal of which are Micronesia, Melanesia, Polynesia and Hawaii. These islands were uninhabited by humans until about BC 6,000–1,000, when they began to be settled by Southeast Asian peoples. It was not until about 650 AD that all the major islands of Polynesia were settled. In classical anthropology the Pacific Islanders were recognized as one of the seven major races by Coon, Garn and Birdsell (1950). This was confirmed by Cavalli-Sforza, Menozzi, and Piazza (1994) in their genetic classification, in which Micronesians, Melanesians and Polynesians appear as a "cluster".

1. Conduct Disorders

Table 11.1 gives differences in conduct disorders and related conditions of Asians, Hawaiians and whites in Hawaii from a study of children aged 6-18 years. Row 1 gives the percentages with externalizing problems (another term for conduct disorers). Rows 2, 3 and 4 give scores for delinquency, aggression and ADHD (attention deficit hyperactivity disorder). The general pattern of the results is that Asians were significantly lower than Native Hawaiians and whites on all measures, while Native Hawaiians were slightly but not significantly higher than whites.

Table 11.1. Race differences in conduct disorers in Hawaii (percentages)

Variable	Asian	Hawaiian	White	Reference
Externalizing problems	8.96	13.96	13.26	Loo & Rapport, 1989
Delinquency	1.95	3.05	2.57	Loo & Rapport, 1989
Aggression	7.08	10.66	10.54	Loo & Rapport, 1989
ADHD	8.72	11.82	11.19	Loo & Rapport, 1989

2. Crime

Crime rates in Hawaii for native Hawaiians, Europeans, Northeast Asians (mainly ethnic Japanese), Filipinos and Puerto Ricans were reported for 1924 and 1930 and are shown in Table 11.2. Row 1 gives jail inmates per 1,000 population in 1924 and shows the highest crime rate among Puerto Ricans (largely blacks) followed by Filipinos and native Hawaiians, with lower crime rates for Europeans, and the lowest rate for Northeast Asians. Row 2 shows the same race differences for the juvenile convictions per 1,000 for the year 1930. The juvenile convictions rates are higher because crime is greater among adolescents, and because the rates for adults are for serious crimes meriting a jail sentence.

Table 11.2. Crime rates in Hawaii per 1,000 population

Year	Europeans	Filipinos	Native Hawaiians	Northeast Asians	Puerto Ricans	Reference

1924	1.5	7.1	3.6	0.8	9.3	Porteus & Babcock, 1926
1930	12.5	16.6	17.0	2.6	28.1	Vernon, 1982

Further more recent data for race differences in crime rates in Hawaii are given for 1986 by the Office of the Attorney General (1987) and are shown in Table 11.3. The data are presented for the percentages of the racial groups in the population and their percentages of total arrests (excluding traffic violations), and arrests for murder and drug offences. The race differences are similar to those found in the first half of the twentieth century shown in Table 11.2. The Northeast Asians have the lowest crime rate. They were 32.5 percent of the population, but only 9 percent of total arrests, 8.1 percent of arrests for murder, and 10.5 percent arrests for drug offences. Europeans and Filipinos come next for total arrests, which were slightly greater than their percentage in the population. Hawaiians, Puerto Ricans (largly blacks), and Samoans are all considerably over-represented among those arrested, in relation to their percentage in the population.

Table 11.3 Crime rates in Hawaii (percentages)

Crime	Europeans	Filipinos	Native Hawaiians	Northeast Asians	Puerto Ricans	Samoans
Population %	33.9	13.9	12.0	32.5	1.8	1.5
Total arrests	34.5	12.3	23.4	9.0	4.0	4.7
Murder arrests	13.5	54.0	13.5	8.1	-	16.2
Drug arrests	45.5	8.6	16.9	10.5	6.2	2.2

3. Illegitimacy

Race differences in illegitimacy as an index of recklessness in Hawaii for 1988 have been published by the Hawaiian Department of Health. They are expressed as rates per 1,000 live births and are shown in Table 11.4. It will be seen that the Chinese, Japanese and Koreans had the lowest illegitimacy rates followed by the Europeans. The rates of the Blacks, Filipinos, Portuguese and Samoan are intermediate, while the rates of the Puerto Ricans (largely blacks) and the native Hawaiians are the highest.

Table 11.4. Illegitimacy rates in Hawaii

Black	Chin-ese	Euro-pean	Fili-pino	Haw-aiian	Japan-ese	Kor-ean	Portu-guese	Puerto Rican	Sam-oan
158	65	137	221	436	112	95	299	434	302

4. Sexually Transmitted Diseases

Differences in the prevalence of HIV infection in Native Hawaiians and Pacific Islanders and American Europeans are given in Table 11.5 and show the prevalence of infection over twice as

great among Native Hawaiians and Pacific Islanders as among Europeans.

Table 11.5 Race differences in the prevalence of HIV per 1,000

HIV	Hawaiian Pacific Is	Europeans	Reference
2008	0.21	0.08	Centers Disease Control, 2012
2010	0.19	0.09	Centers Disease Control, 2012

5. Substance Abuse

The most complete data for alcohol, tobacco and other drug use among Pacific Islanders in Hawaii have been given by Wong et al.(2004) for a study of approximately 24,000 school students aged 12-18 years carried out in the late 1990s. The results are given in the first six rows of Table 11.6 and show the highest rates among Hawaiians followed by whites and the lowest rates among Asians. The last row gives elicit sustance abuse rates for 2011 for a sample 67,500 aged 12 plus years obtained from interviews shows similar differences.

Table 11.6. Race differences in drug and substance abuse (percentages)

Drug	Chinese	Filipino	Hawaiian	Japanese	White	Reference
Alcohol abuse	20.9	35.4	51.5	29.6	51.4	Wong et al., 2004
Cigarettes	33.9	64.8	64.2	44.7	58.9	"
Marijuana	15.4	35.4	51.6	27.6	45.8	"
Inhalents	5.3	11.2	11.5	6.1	12.4	"
Cocaine	3.1	4.2	7.2	2.7	6.7	"
Heroine	0.9	1.9	2.7	1.6	2.6	"
Illicit drugs	3.3	8.7	10.6	3.3	8.3	Substance Abuse Admin, 2012

6. Child Abuse and Neglect

Dubanoski & Snyder (1980) report that child abuse and neglect are more prevalent in Hawaii among Pacific Islanders (Samoans) who in 1976 were 0.8 percent of the population and 6.6 percent of cases of child abuse and 2.6 percent of cases of neglect. Ethnic Japanese were 27 percent of the population but only 3.5 percent of cases of child abuse and 4.6 percent of cases of neglect.

7. Conclusions

In all the expressions of psychopathic personality (conduct disorders, crime, illegitimacy, HIV infection, drug use and child abuse and neglect) Pacific Islanders have a higher prevalence than Europeans and ethnic Chinese and Japanese have lower prevalence than Europeans, confirming the

low prevalence of psychopathic personality in Northeast Asians documented in Chapter 6.

Chapter 12

Inuit

A study of psychopathic personality among the Inuit (formally known as Eskimos) in Alaska was carried out by Murphy (1976). He reported that the Inuit have the word *kunlangeta* for the psychopath, who is described as "a man who, for example, repeatedly lies and cheats and steals things and does not go hunting and, when other men are out of the village, takes sexual advantage of many women – someone who does not pay attention to reprimands and wo is always being brought to the elders for punishment. When asked what would have happened traditionally to such a person, an Eskimo said that probably "somebody would have pushed him off the ice when nobody else as looking" (p.1,026). It might be expected that these informal executions would have reduced the genes for psychopathic personality in the population but the evidence indicates a high level of psychopathic personality.

1. Crime

Canadian studies and statistics normally give data for Aboriginals who include Native Americans as well as Inuit and rarely give data disaggregated for the two groups. In the mid-1990s 3% of the adult population of Canada were Aboriginal and of these 17% of men and 26% of women were in prison (Foran, 1995; Roberts & Melchers, 2003) showing substantially over-representation in prison and higher rates of crime of Native Americans and Inuit combined.

Crime rates in Inuit Nunangat and in the rest of Canada averaged for 2006 to 2008 are given in Statistics Canada (2009).and are shown in Table 12.1 and show considerably higher rates in Inuit apart from robbery (the community of Rigolet, Newfoundland and Labrador, and all communities in Nunavik, Quebec, are excluded from Inuit Nunangat because of police-reported data limitations).

Table 12.1. Crime rates in Inuit Nunangat and in the rest of Canada, per 1,000 population

Crime	Inuit	Rest of Canada	
Total - all violations	380	60	
Total violent incidents	90	10	
Homicide	0.3	0	
Sexual assault	8	1	
Major assault	12	1	
Common assault	57	5	
Robbery	0.5	0.9	

Uttering threats	16	2	
Breaking and entering	25	7	
Theft	25	22	
Mischief	136	11	
Disturbing peace	79	3	

2. Sexual Precocity

Data for 2009 suggesting sexual precocity Inuit females are given by Statistics Canada, (2012a) and are given in Table 12.2. These show the percentages of teenage pregnancy higher in Inuit than in Canada as a whole. These figures may also reflect greater recklessness among the Inuit, because few teenages become pregnant intentionally.

Table 12.2 Teenage pregnancy (percentages)

Population	Under 15 years	15 to 19 years
Canada	0	4.1
Inuit	0.2	20.0

3. Monogamy and Marriage

There are low rates of stable monogamous unions among Inuit. In 2009, 76.7 percent of Inuit women who gave birth were unmarried, compared with 27.2 percent for Canada as a whole (Statistics Canada, 2012b).

4. Drug and Substance Use

Muckle et al. (2011, p.1081) have written that "Nowadays, alcohol, smoking and drug use are major public health and social concerns in Canadian aboriginal groups". Studies confirming this are summarised inTable 12.3. Row 1 gives results for the use of marijuana (cannabis), an illegal drug in Canada, for women over 15 years of age reporting having used the drug in the 12 preceding months showing a much greater prevalence among the Inuit. Rows 2 through 4 give results for ever having used marijuana, solvents and cocaine for 248 Inuit women in Arctic Quebec. Row 5 gives results for binge drinking in women defined as consuming five or more drinks when they drank for a sample of Inuit in Arctic Quebec showing this was 5 to 6 times more prevalent than among women from the general Canadian population. Row 6 gives results for cigarettes smoking for women showing this was more than twice as high among Inuit as among whites. Rows 7 through 9 show high percentages of a sample of 215 Inuit women smoking cigarettes, taking marijuana and binge drinking during pregnancy. Row 10 shows a much lower percentage of marijuana use in a sample of 15 year olds European Canadians.

Table 12.3 Drug and substance use (percentages)

	Drug	Inuit	White	Refernce
1	Cannabis	47	5	Muckle et al., 2011
2	Marijuana	81	-	Muckle et al., 2011
3	Solvents	62	-	Muckle et al., 2011
4	Cocaine	23	-	Muckle et al., 2011
5	Binge drinking	62	11	Muckle et al., 2011
6	Cigarettes	73	33	Muckle et al., 2011
7	Cigarettes	90	-	Fraser et al, 2012
8	Binge drinking	38	-	Fraser et al, 2012
9	Marijuana	36	-	Fraser et al, 2012
10	Marijuana	-	14	Adlaf et al., 2004

5. Irresponsible Parenting

Irresponsible parenting measured by child maltreatment, abuse and neglect is more prevalent in Aboriginal children who include Native Americans as well as Inuit than among Europeans. Thus, 5% of Canadians aged 15 years and younger were classified as Aboriginal Aboriginal in the 1996 Canadian Census, yet "Aboriginal children, meaning children of Inuit, Métis, or First Nations ancestry, represent up to 40% of the 76,000 children and youth placed in out-of-home care in Canada" because of parental neglect and maltreatment (Blackstock et al., 2004, p.901). In a later review of the literature, Fluke et al. (2013, p. 47) have written: "The chronic over-representation of Aboriginals in Canadian child welfare care has been well documented. Analysis based on national census data reported that while 5% of children in Canada were Aboriginal in 1998, Aboriginal children made up 17% of children reported to the child welfare authorities, 22% of substantiated reports of child maltreatment, and 25% of children placed in care in Canada".

6. Conclusions

In all of the expressions of psychopathic personality (crime, sexual precocity, teenage pregnancy, illegitimacy, drug use and child maltreatment, abuse and neglect) Inuit in Canada have a substantially higher prevalence than Europeans.

Chapter 13

Latin America

The racial composition of the countries of Latin America varies considerably from 85 per cent European in Argentina to 1 per cent European in Honduras. The non-European populations are largely Native American Indian and Mestizo, except in Brazil where approximately 53 percent are European, 15 percent are Native American Indian and Mestizo, while 6 percent are black and 22 percent are Mulatto.

1. Crime

Crime rates for homicide, rape and assault per 100,000 population for 10 Latin American countries for the years 1993-1996 have been given by Rushton & Templer (2009). Their results are given in Table 13.1 togther with the medians of the rates averaged for 36 European countries. It will be seen that for both crimes the rates in the Latin American countries are generally higher than in Europe. The rates for homicide are the most accurate and are higher in all the Latin American countries than in Europe.and in most cases much higher. The medians for the Latin American countries are given in the last row and show that the median for homicide is more than three times higher than in Europe, the median for rape one and a half times higher, and the median for assault almost twice as high. These results suggest that psychopathic personality is higher in Latin American than in European populations.

Table 13.1. Crime rates per 100,000 population for 10 Latin American countries and Europe

	White %	Homicide	Rape	Assault
Europe	100	5	6	43
Argentina	85	16	9	22
Belize	4	24	15	288
Chile	52	6	10	106
Colombia	20	66	4	80
Ecuador	5	23	9	39
Guyana	2	18	18	1111
Honduras	1	60	1	54
Panama	10	17	4	20
Paraguay	7	15	4	79
Venezuela	42	23	17	148
Median	-	17	9	80

Further data confirming these figures for the rates for homicide were given as 21 per 100,000 population for the 26 Latin American countries for the years 2003-2008 compared with 5 per 100,000 population in 42 European countries by Harrendorf, Heiskanen & Malby (2010).

Race differences in crime in Brazil are summarized in Table 13.2. Row 1 gives the percentages of Asians, blacks, Mulattoes and whites in the population in 2000. Row 2 gives rates of conviction for homicide for 2003 showing that Asians have the lowest rate at 0.4 percent drawn from 1 percent of the population; whites also have a relatively low homicide rate at 39.7 percent drawn from 53 percent of the population. Mulattos have a higher homicide rate at 49.9 percent for 40 percent of the population, while blacks have the highest homicide rate at 9.8 percent drawn from 6 percent of the population. Row 3 gives crime rates for 2008 using the the criterion for the classification by race of IBGE (Brazil goverment Institute for Statistcs) in which blacks and Mulattos are aggregated into the one category shown in the table as Mulattos. The results show that Mulattos and blacks were 46% of the Brazil population and 55.2% of prison population, while whites were 37.5 of prison population and 53% of the population. Row 4 gives the percentages of 18-34 year olds in prison in

2010 for Mulattos and blacks combined and for whites showing proportionately more Mulattos and blacks in prison relative to their proportion in the population.

Table 13.2. Race differences in crime in Brazil (percentages)

	Asian	Black	Mulatto	White	Reference
Population percent	1	6	40	53	Lopes, 2006
Homicide percent	0.4	9.8	49.9	39.7	Lopes, 2006
Crime percent	-	-	55.2	37.5	IBGE, 2008
Prisoners: 2010	-	-	74	26	Causa Operaria, 2010

2. Moral Values

The Defining Issues Test was developed by Rest (1979, 1986) and consists of a number of stories in which the leading actor is confronted with a moral dilemma. The problem is to discern the moral principle involved and choose the course of action consistent with it. This test has been given to high school students in several countries with different racial populations and the results for Belize expressed as *d* in relation to American scores of zero are shown in Table 13.3. The population of Belize is approximately 44 percent Mestizo, 30 percent Mulatto and 4 percent white (Phillips, 1996). The high school students in Belize obtained lower scores than Americans indicating a poorer understanding of moral values in this predomiantly Mestizo and Mulatto population.

Table 13.3. Moral values assessed by the Defining Issues Test (*ds*)

	Location	Mestizo/Mulatto	White	Reference
	Belize	-0.48	0.00	Rest, 1986

3. Sexual Precocity

Studies providing data on age of first sexual intercourse of boys in Mexico city and Guatemala city and for black and white boys in the United States in the 1980s are summarised in Table 13.4. The population of Mexico is approximately 30 percent Native American Indian, 60 percent Mestizo and 9 percent white, and the population of Guatemala is approximately 55 percent Native American Indian, 42 percent Mestizo and 3 percent white (Philips, 1996). Rows 1 and 2 give age of first sexual intercourse of boys in Mexico city and Guatemala city and Rows 3 and 4 give age of first sexual intercourse of black and white boys in the United States. The results suggest greater sexual precocity in the predominantly Native American Indian and Mestizo populations and in American blacks than in American whites.

Table 13.4. Age of first sexual intercourse of boys

	Country	Age	Reference	

1	Mexico city	15.7	Morris, 1988	
2	Guatemala city	14.8	Morris, 1988	
3	USA: Blacks	14.4	Zelnik & Shah, 1983	
4	USA: Whites	15.9	Zelnik & Shah, 1983	

4. Recklessness: Non-use of Contraception

Studies providing data for percentages that used contraception during first sexual intercourse in a number of Latin American countries in the 1980s have been given by Morris (1988) and are summarised in Table 13.5, all showing the low percentages that used contraception.

Table 13.5. Use of contraception (percentages)

Country	Sex	Age	Percent use contraception
Mexico city	F	17.0	22.3
Mexico city	M	15.7	30.7
Guatemala city	F	16.7	10.4
Guatemala city	M	14.8	14.9
Panama	F	16.7	11.3
Brazil	F	16.6	14.9
Paraguay	F	16.9	12.2

A study in Brazil gives data for the use and non-use of contraception on the occasion of first sexual intercourse of women age 15-19 in the northeast where the population is largely Mulatto and black, and in the southeast where the population is largely white (Gupta, 2000). The results are shown in Table 13.6. It will be seen that in 1986 and again in 1996, greater percentages in the northeast did not use contraception on the occasion of first sexual intercourse.

Table 13.6. Race differences in the non-use of contraception in first sex in Brazil (percentages)

	Year	Northeast	Southeast
1	1986	94	76
2	1996	79	52

5. Intimate Partner Violence

Studies of the frequency of last year intimate partner violence in Latin American countries are summarized in Table 13.7. These percentages are much higher than those of around 3 to 12 percent for white women in the United States.

Table 13.7. Intimate partner violence in Latin America

	Country	IPV	%	Reference
1	Colombia	Ever	44	Kishor & Johnson, 2004
2	Colombia	Ever	40	Friedemann-Sanchez, 2012

3	Colombia	Last 12 months	22	Friedemann-Sanchez, 2012
4	Nicaragua	Ever	52	Ellsberg et al., 1999
5	Nicaragua	Ever	30	Kishor & Johnson, 2004
6	Peru	Ever	42	Kishor & Johnson, 2004
7	Peru	Ever	61	WHO, 2002

6. Drug Abuse

Race differences in a 2000 survey of 9,633 of postpartum women in Rio de Janeiro reporting whose who had smoked cigarettes while pregnant are given by Leal (2006) and are shown in Table 13.8. It will be seen that blacks had the highest percentage of smokers, followed by mulattos, and whites the lowest.

Table 13.8. Race differences in smoking in Brazil

	Black	Mulatto	White
	18.5	14.9	10.3

7. Sexually Transmitted Diseases

Rates of the sexually transmitted diseases are given in Table 13.9 for the results in a 2000 survey of 9,633 of postpartum women in Rio de Janeiro who had babies that were syphilitic showing that blacks had the highest percentage of syphilitic babies, followed by mulattos, and whites the lowest.

Table 13.9. Race differences in sexually transmitted diseases (percentages)

	STD	Black	Mulatto	White	Reference
	Baby syphilitic	3.0	1.9	0.8	Leal, 2006

8. Work Motivation and Commitment

It was noted in Chapter 2 that in the United States blacks have weaker work motivation and commitment than do whites, and in Chapters 5 and 8 that in Africa and the Caribbean that blacks have weaker work motivation and commitment than do Indians. The weak work motivation and commitment of blacks was also found in Brazil. Large numbers of blacks were imported into Brazil from the sixteenth to the nineteenth centuries as slaves to work in sugar and tobacco planations. After slavery was abolished in Brazil in 1888 it was found that they were too unreliable and unsuitable for employment for wages. The European plantation owners solved this problem by bringing in Japanese as indentured workers (Halpern, 2004).

9. Native American Indians

We saw in Cbapter 2 that Native American Indians in the United States have a high level of psychopathic personality. It has been proposed by Raine (2013, pp.20-21) that this is true of the Mundurucu and the Yanomano, tribes of Native American Indians in the Amazon basin. He describes the Mundurucu as "fiercely aggressive head hunters" with "features of psychopathic behaviour", and he describes the Yanomano as "fearless and highly aggressive" and as having "precisely the features of Western psychopaths".

10. Conclusions

The studies reviewed in this chapter show a high level of psychopathic personality in the Mestizo and Mulatto populations of Latin America than of Europeans expressed in high rates of crime, weak moral values, sexual precocity, intimate partner violence, drug abuse, recklessness in the non-use of contraception, sexually transmitted diseases and poor work motivation and commitment.

Chapter 14

Differences in Psychopathic Personality across Nations

Hitherto we have examined race differences in psychopathic personality within nations and geographical regions. The general pattern of the racial and ethnic differences in the measures and expressions of psychopathic personality shows a considerable degree of consistency. Sub-Saharan Africans and Native Americans almost invariably show high levels of psychopathic personality. Hispanics typically appear intermediate between high scoring sub-Saharan Africans and Native Americans and lower scoring Europeans. South Asians and North Africans from the Indian sub-continent and in Europe, Canada and South Africa typically show slightly higher psychopathic personality than Europeans. Northeast Asians, principally Chinese and Japanese, almost invariably show the lowest level of psychopathic personality compared with all other peoples. Australian Aborigines show a very high levels of psychopathic personality. New Zealand Maori and other Pacific Islanders show higher leveld of psychopathic personality than Europeans. We consider now how far these differences within counties and geographical regions are consistent with differences in psychopathic personality across nations.

1. Epidemiological Studies

We examine first epidemiological studies of the prevalence of psychopathic personality in a number of countries. One of the most satisfactory of these is the international personality disorder study that used the same diagnostic interview procedure to assess the prevalence of psychiatric

patients with definite and probable anti-social personality disorder in twelve cities in a "standardized and reliable way" (Lorager, Janca & Satorius, 1997). The results for London and New York are discarded because they are multi-racial cities in which only approximately half the population is indigenous British in London and American in NewYork. The results are given in Table 14.1. They show that the one Northeast Asian country (Japan) has the lowest prevalence of both definite and probable anti-social personality disorder. The one sub-Saharan African country (Kenya) has the highest prevalence of definite and probable anti-social personality disorder. The prevalence of anti-social personality disorder in European peoples is best represented as the average of the seven cities (Vienna, Munich, Luxembourg, Leiden, Olso, Geneva and Nottingham) to give the results shown in the bottom row. The results for the one South Asian country (India) show higher definite and lower probable anti-social personality disorder than in the average of the European counties. Taken as a whole, the results show that the prevalence of anti-social personality disorder is lowest in the Northeast Asians represented by Japan, intermediate in the Europeans (seven cities) and South Asians represented by India, and highest in sub-Saharan Africans represented by Kenya.

Table 14.1. Prevalence of definite and probable anti-social personality disorder (percentages)

Country	Definite	Probable
Austria (Vienna)	4.0	10.0
Germany (Munich)	5.3	8.0
India (Bangalore)	6.4	6.4
Japan (Tokyo)	0.0	1.8
Kenya (Nairobi)	16.0	22.0
Luxembourg	1.9	1.9
Netherlands (Leiden)	3.1	4.6
Norway (Olso)	10.4	18.8
Switzerland (Geneva)	0.0	3.1
UK (Nottingham)	6.0	18.0
Europe (6 cities)	4.5	9.1

These results are cofirmed by six major community studies of the prevalence of anti-social personality in the general population that are summarized in Table 14.2, showing sample sizes and lower rates in the three Northeast Asian countries than in the three European countries.

Table 14.2. Prevalence of anti-social personality (percentages)

Country	N	Prevalence	Reference
Hong Kong	7,229	1.65	Chen et al., 1993
South Korea	5,100	1.7	Lee et al.,1990
Taiwan	11,004	0.08	Hwu et al., 1989
Canada	3,258	3.7	Bland et al., 1988
New Zealand	1,498	3.1	Wells et al.,1989
USA	18,571	2.6	Robins et al., 1991

2. Homicide

We examine next the prevalence of homicide as the most reliable measure of crime rates and as an expression of psychopathic personality across countries. Most homicides are recorded and consequently provide a reaonably accurate measure of their prevalence. National data for rates of homicide per 100,000 population in the early twenty-first century have been reported by Harrendorf, Heiskanen & Malby (2010) and are given in Appendix 1. These have been classified by race and are shown in Table 14.3.

Table 14.3. Race differences in rates of homicide per 100,000 population

Race	N Countries	Homicide
Sub-Saharan Africa	50	27
Latin America	26	21
Caribbean	24	16
Southeast Asia	11	11
Central Asia	5	6
South Asia	9	5
Europe	42	5
North Africa	7	4
Northeast Asia	5	2
Pacific Islands	25	2

These figures largely confirm the race differences within countries. The highest rates of homicide are present in the 50 sub-Saharan African countries (27 per 100,000 population). The next highest (21 per 100,000 population) are in the 26 Latin American countries largely attributable to their large Native American Indian populations and, in Brazil, sub-Saharan Africans. These followed by the 24 Caribbean countries (16 per 100,000 population) attributable to their large sub-Saharan African populations. After these come substantially lower rates im 11 Southeast Asian countries (11 per 100,000 population). These are followed by a considerable further drop to Central Asia (6 per 100,000 population), South Asia (5 per 100,000 population), Europe (5 per 100,000 population) and North Africa (4 per 100,000 population). The consistency of the figures for these four populations is attributable to these being all Caucasoid peoples. The two lowest rates are for the five Northeast Asian countries (2 per 100,000 population) and 25 Pacific Islands countries (2 per 100,000 population). The low rates for the Northeast Asian countries are consistent with their low rates of psychopathic personality within countries and with the results shown in Tables 14.1 and 14.2. The low rates for the Pacific Island countries are inconsistent with their rates of psychopathic personality within countries and is possibly attributable to under-recording of homicide in a number of these countries.

3. Crime

Here we adopt crime rates as a measure of race differences in psychopathic personality following Cooke, Mitchie, Hart & Clark (2005): "psychopathy is recognized as an important predictor of criminal behaviour". We compare crime rates in Europeans and in non-Europeans in the countries in which two or more races are present. These within-country differences are calculated as odds ratios with Europeans set at 1.0 and are given in Table 14.4. For example, the Aborigines compared with Europeans in Australia are over-represented in crime rates by a factor of 16.1 and Maori in New Zealand are over-represented by a factor of 5.9. Where a race is present in more than one country, as is the case with sub-Saharan Africans, all the comparisons are given and are averaged. These results show that the Australian Aborigines have the highest level of psychopathic personality (16.1) followed by sub-Saharan Africans (6.9), New Zealand Maori (5.9) and Native Americans (2.2). South Asians have the same rates as Europeans (1.0) and Northeast Asians (0.3) have lower rates than Europeans.

Table 14.4. Race differences in rates of crime within countries

(Odds ratios, Europeans set at 1.0)

	Race	Country	Odds ratios
	Aborigines	Australia	16.0
	Sub-Saharan Africans	Average	6.9
	Sub-Saharan Africans	South Africa	6.0
	Sub-Saharan Africans	United States	7.5
	Sub-Saharan Africans	Britain	6.2
	Sub-Saharan Africans	France	8.1
	Maori	New Zealand	5.9
	Native Americans	United States	2.2
	South Asians	Britain	1.0
	Northeast Asians	Average	0.5
	Northeast Asians	United States	0.3
	Northeast Asians	Britain	0.7

4. Corruption

Here we examine corruption as another measure of racial differences in psychopathic personality across countries. The prevalence of corruption in 174 countries for 2012 has been measured by the Corruption Perceptions Index published by Transparency International (2013). This defines corruption as the abuse of public office for private gain and measures the degree of corruption perceived to exist in public officials and politicians. The Corruption Perceptions Index (CPI) gives a

countries' scores between 1 and 100 with a high score indicating a low level of perceived corruption. The scores of the countries are given in Appendix 2. These have been categorised by the racial composition of the populations for those countries in which one race comprises the majority of the population. Countries in which no one race comprises the majority of the population are excluded from this analysis, as with homicide rates given in section 2.

The results are given in Table 14.5. We see that the greatest corruption is present in the seven central Asian countries (24.7) followed by the 42 sub-Saharan African countries (32.4). High levels of corruption are also present in the four Pacific Islander countries (33.5) and in the 12 Native American countries (33.7). The least corruption is present in the 50 European countries (63.6) followed by the seven Northeast Asian countries (57.4). The score for the Northeast Asian countries is reduced by the very low score of 8 for North Korea. When this is excluded, the score for the other six is 65.6, making this group the least corrupt. The high score for the seven Caribbean countries seems anomalous in comparison with the low score for the sub-Saharan African countries. The likely explanation for this is that Europeans and mixed race mulattoes are the principal holders of public office in Caribbean countries.

Table 14.5. Race differences in rates of corruption (CPI); high scores = low corruption)

Race	N Countries	CPI
Central Asian	7	24.7
Sub-Saharan African	42	32.4
Pacific Islander	4	33.5
Native American	12	33.7
South Asian	28	38.2
Southeast Asian	6	39.1
Caribbean	7	52.0
Northeast Asian	7	57.4
European	50	63.6

5. *R*-K Life History

Rushton (2000) advanced the theory that there are race differences in *r*-K life history. His *r*-K life history theory was drawn from biology, where species are categorized on a continuum running from *r* strategists to *K* strategists; *r* strategists have large numbers of offspring and invest relatively little in them, while *K* strategists have fewer offspring and invest heavily in them by feeding and protecting them during infancy and until they are old enough to look after themselves. Fish, amphibians and reptiles are *r* strategists (having large numbers of offspring and minimum investment) while mammals are K strategists (having fewer offspring and greater investment). The K strategy is particularly highly evolved in monkeys, apes and humans. Species that are K strategists have a syndrome of characteristics of which some of the most important are larger brain

size, higher intelligence, longer gestation, and a slower rate of maturation in infancy and childhood.

It is proposed here that some of Rushton's *r*-K life history differences are attributable to differences in psychopathic personality. Among these are that *r*-strategists display early sexuality and teenage childbearing, sexual promiscuity, impulsivity, high aggressiveness, high self-esteem, high rates of crime, high rates of sexually transmitted diseases and a preference for instant gratification. These are all features of psychopathic personality and justify the identification of psychopathic personality with these featues of *r*- life history.

Rushton proposed that there are racial differences *r*-K life history. He applied this theory to the three major races of *Homo sapiens*: Mongoloids (Northeast Asians), Caucasoids (Europeans, South Asians and North Africans), and Negroids (sub-Saharan Africans) and proposed that Mongoloids are the most K evolved and Negroids the least K evolved, while Caucasoids fall intermediate between the two although closer to Mongoloids. Rushton supported his theory by documenting that the three races differ in a large number of *r*-K life history characteristics.

Rushton's theory has been extended by Meisenberg & Woodley (2013) who have constructed a measure of the *r*-K personality dimension for societies. The variables they use for *r*-selection are (1) teenage pregnancy rates (proportion of children born to women aged 19 and below) as a measure of early sexuality; (2) STDs (sexually transmitted diseases including syphilis, gonorrhea and clamydia, but excluding HIV/AIDS because of its recent African origin) as a measure of strong and promiscuous sexuality together with a disregard for the future consequences of heedless behavior; (3) homicide rates; and (4) crime rates (measured as crime victimization obtained by the Gallup World Poll) as measures of impulsive and uncontrolled aggression. The measures they use for K-selection are (1) percentage use of contraception among married couples as a measure of low fertility and (2) savings rates (gross domestic savings rate average 1975-2005) as a measure of a strong capacity for the postponement of instant gratification. They combine these six variables to construct a measure of Rushton's *r*-K personality dimension for each of 161 countries and present the scores for the major races with the mean for Europeans set at 100.0 (Sd = 15). Their results are given in Table 14.6. These results confirm Rushton's theory that Northeast Asians are the most *K* evolved followed by Europeans, and sub-Saharan Africans the least *K* evolved, and that Europeans are closer to Northeast Asians than to sub-Saharan Africans. They also extend Rushton's theory by the addition of Middle Easterners and Southeast Asians who fall between Europeans and sub-Saharan Africans, and Native Americans who appear as the least *K* evolved.

Table 14.6. Race differences in K personality (Meisenberg & Woodley, 2013)

Race	K personality

Northeast Asian	104.7
European	100.0
Middle Eastern	89.4
Southeast Asian	86.3
Sub-Saharan African	74.2
Native American	70.7

Rushton's *r*-K theory of race differences has been extended further by Minkov (2014) who has measured race differences in *r*-K from the World Values Survey. He has found a "national K factor" in these data measured principally by the importance parents attach to their children possessing the negative psychopathic personality characters of thrift, obedience and responsibility. His results giving scores classified by race are shown in Table 14.7. His scores for 71 nations are given in Appendix 3. It will be seen that these results provide further confirmation of Rushton's theory that Northeast Asians are the most K evolved followed by Southeast Asians, Europeans and South Asians, while sub-Saharan Africans are the least *K* evolved. Caribbeans and Latin Americans (excluding Argentinians and Urugyans) scored the second least *K* evolved, as would be expected of populations with large numbers of native American, Mestizzo andNegroid popuations.

Table 14.7. Race differences in K Life History (Minkov)

Race	N Countries	KLH
Northeast Asian	5	193
Southeast Asian	5	79
European	30	18
South Asian	12	-20
Caribbean & Latin American	9	-41
Sub-Saharan African	10	-117

The conclusions reached by Meisenberg & Woodley shown in Table 14.6
and by Minkov shown in Table 14.7 are largely conistent showing Northeast Asians the most K evolved, Europeans high K evolved and sub-Saharan Africans low K evolved. There is a minor inconsistency in that Meisenberg & Woodley find Europeans higher K than Southeast Asians while Minkov finds Southeast Asians higher K than Europeans.

6. Conclusions

The data on race differences in the epidemiology of anti-social personality disorder and in rates of homicide, crime, corruption and in *r*-K life history summarized in this chapter are generally consistent with those of the within-country studies given in previous chapters. The results confirm that the Northeast Asians have the lowest psychopathic personality indexed by low rates of anti-social personality, homicide, crime and corruption and low K life history. The next lowest rates of

psychopathic personality are in the Europeans. The reverse pattern of indices of high psychopathic personality is typically present in sub-Saharan Africans, Native Americans, Latin Americans with their large Native American and sub-Saharan African (in Brazil) populations, and by Caribbeans with their largely sub-Saharan African populations. Intermediate values for these indices of psychopathic personality are typically present in Pacific Islanders, Southeast Asians, South Asians and North Africans.

Chapter 15

Genetics of Race Differences in Psychopathic Personality

In this penultmate chapter we consider how far these race differences in psychopathic personality have a genetic basis.

1. Heritability of Psychopathic Personality

Numerous studies have shown that crime and psychopathic personality have a significant heritability. The first of these was carried out in Denmark by Johannes Lange (1931) on the criminality of identical and fraternal twins. He found 30 pairs of same sex twins in whom at least one had a criminal record. There were 13 identical twins, among whom both twins had criminal records in 10 pairs. There were 17 fraternal twins, among whom both twins had criminal records in two pairs. There was therefore a much greater similarity between the identical twins indicating a significant genetic influence on criminality. Subsequent reviews of the heritability of crime by Eysenck & Gudjonsson (1989), Raine (1993), Lykken (1995) and Viding, Fontaine & Larson (2013) have all estimated the heritability of crime at about 0.5.

A large number of twin studies have confirmed that psychopathic personality has a moderately high heritability and is therefore significantly genetically determined. Mason & Frick (1994) summarize eight studies of the similarity for psychopathic personality of identical and same sex fraternal twins, in all of which identical twins showed greater similarity than fraternals, and which taken together show a heritability of 0.41. Three further twin studies of psychopathic personality summarised by Nigg & Goldsmith (1994) produced a heritability of 0.56. A more recent study reports a correlation on the Psychopathic Personality Inventory of 0.46 for identical twins and a zero correlation for fraternal twins indicating a 0.46 heritability (Blonigen, Carlson, Krueger & Patrick, 2003). An analysis of identical twins reared apart gives an estimate of the heritability of psychopathic personality of 0.41 for children and 0.28 for adults (Segal, 2012, p.140). The significant heritability of psychopathic personality has been confirmed by adoption studies showing that adopted people who are psychopathic have a greater percentage of psychopathic biological relatives than are present in the general population (4 percent compared with 1 percent) indicating

genetic transmission of psychopathic personality (Schulsinger, 1972). A more recent twin study estimated the heritability of psychopathic personality at 69 per cent while nonshared environmental influences explained 31 per cent (Tuvblad et al., 2014).

It has also been found that a number of the expressions of psychopathic personality have a significant genetic determination. The heritability of impulsivity was estimated at 0.40 and risk taking at 0.36 from data on identical twins reared apart analysed by Hur & Bouchard (1997). Silberg et al. (1996) estimate the broad heritability of hyperactivity-conduct disorder at 0.88. Dunne, Martin, Statham et al. (1997) calculate the heritability of age of first sexual intercourse at 0.72 for men and 0.49 percent for women and Segal (2012) analysing identical twins reared apart data estimates it at 0.39 for both men and for women. The heritability of drug abuse and dependence is estimated at 0.45 from identical twins reared apart data (Segal, 2012).
In a review of the genetics of psychopathic personality, Siever & Kuluva (2012, p. 71) have concluded that "it is fairly well accepted that multiple genes, in combination with other factors, contribute to the development of personality disorder".

These heritability studies showing that psychopathic personality has a moderately strong genetic basis among individuals make it probable that the race differences in psychopathic personality also have a genetic basis. This case is further strengthened by two considerations. First, a study of black children adopted by white families found that in late adolescence they were more impulsive, extroverted, aggressive,
rebellious and hedonistic than matched whites (DeBerry, 1991). Second, there are consistent race differences in psychopathic personality in a variety of geographical locations throughout the world. This consistency is particularly striking in sub-Saharan Africans who have a high level of psychopathic personality in Africa, the Caribbean, the United States, Britain, Canada, France and the Netherlands.

2. Neuro-anatomy and Neuro-physiology of Psychopathic Personality

There is substantial evidence that psychopathic personality has a neurological basis. This lies principally in the frontal lobes which have the function of inhibiting psychopathic personality and behavior. Damage to the frontal lobes typically impairs their inhibiting function and results in loss of control of psychopathic behavior and an increase in psychopathic personality (Perez, 2012). Psychopathic behavior is associated with a low volume of the frontal lobes suggesting that these are not exerting their inhibiting function effectively (Gregory, Ffytch, Simmons et al., 2012; Raine, 2013). Hyperactivity of the amygdala has also been found to be associated with aggressive conduct disorders in adolescents (Passamonti, Fairchild, Goodyer et al., 2010) and increases in the aggressive behavior associated with psychopathic personality (Siever & Kuluva, 2012).

3. Psychopathic Personality and Low Anxiety

Cleckley (2976, p. 257) stated that "psychopaths are very sharpley characterised by the lack of anxiety" and numerous studies have confirmed this (Lykken, 1995; Skeem, Poythress, Edens et al., 2003; Corr, 2010). The effect of the low level of anxiety is that the conditioned anxieties of social disapproval and punishment that inhibit psychopathic behavior in normal individuals are not acquired so readily in psychopaths. This has been shown by Gao, Raine, Venables, Dawson & Mednick (2010) in a study finding that poor electrodermal anxiety conditioning assessed in a sample of 1,795 children at age 3 was significantly associated with criminal offending at age 23. The authors conclude that "individuals are hypothesized to learn to avoid psychopathic and criminal acts by successfully associating stimuli that are associated with psychopathic events with later socializing punishments. This association learning is hypothesized to result in an increase in anxiety and anticipatory fear whenever the individual contemplates the commission of an psychopathic act, which in turn motivates the individual to avoid such stimuli and the commission of psychopathic, rule-breaking behavior… poor fear conditioning at age 3 predisposes to crime at age 23. Poor fear conditioning early in life implicates amygdala and ventral prefrontal cortex dysfunction and a lack of fear of socializing punishments in children who grow up to become criminals".

These studies showing that low anxiety is a determinant of psychopathic personality raise the question of whether there may be race differences in anxiety that contribute to the differences in psychopathic personality. There is positive evidence for this summarized in studies from the United States in Table 15.1.

Table 15.1. Race differences in anxiety disorders (percentages)

	Condition	Asian	Black	Hispanic	White	Reference
1	General anxiety disorder	7.3	4.5	-	6.8	Scott et al., 2002
2	Any anxiety disorders	-	3.2	5.9	6.3	Turner & Lloyd, 2004
3	Any anxiety disorders	-	24.7	-	29.1	Breslau et al., 2005
4	Any anxiety disorders	-	23.8	-	29.4	Breslau et al., 2006
5	Panic attacks	-	3.1	-	4.9	Breslau et al., 2006
6	Social phobia	-	10.8	-	12.6	Breslau et al., 2006
7	General anxiety disorder	-	1.37	-	2.71	Hinle etal., 2009
8	General anxiety disorder	2.6	2.4	6.2	7.1	Woodward et al., 2012

Row 1 gives results showing the highest prevealence of anxiety in Asians and lowest in blacks, with whites intermediate. Row 2 shows that in a sample of young adults life the prevalence of anxiety disorders in blacks was approximately half that in whites, with Hispanics intermediate

but closer to whites. Row 3 gives results of the National Comorbidity Survey (NCS; Kessler et al., 1994), a nationally representative survey of 8,098 15 to 54 years olds, and shows the lifetime prevalence rate of anxiety disorders in blacks lower than that in whites. The rates in this study are higher than those given in row 2 because the sample were older and had more time in which to experience an anxiety disorder. Rows 4 through 6 give results of the follow-up to the National Comorbidity Survey, the National Comorbidity Survey–Replication (NCS-R), consisting of a national sample of 9,282 aged 18 years old or older, and show that blacks have a lower lifetime risk than whites for the development of any anxiety disorder, panic attacks and social anxiety disorder. Row 7 gives further results showing that blacks have lower prevalence of anxiety disorder than whites. Row 8 gives the highest prevalence of anxiety disorder for whites followed by Hispanics and Asians, and the lowest prevalence in blacks. The Asians include south and south east Asians which may explain their anomalously low prevalence compared with the result in row 1.

In addition to these American studies, low levels on anxiety have also been reported in Africa. A study of college students in South Africa has shown that blacks have a lower score than whites on neuroticism, a measure of anxiety with which it is correlated at 0.86 (McCrae, 2002, p.111). Low prevalence rates of 0.3 percent of social anxiety in Nigeria have been reported by Gurege et al. (2006) and of 1.9 percent in South Africa by Williams et al.(2008) compared with 7.5 percent in the United States (Kessler et al.,1994). Higher levels of anxiety in Chinese and Japanese than of whites have been reported in Hawaii by Austin & Chorpita (2004).

The low levels of anxiety of blacks is confirmed by their low rates of suicide. Studies showing this have been reviewed by Lester (1998) and are summarized in Table 15.2. In all of the four studies the suicide rate for blacks is substantially lower than that of whites. In a more recent sudy in South Africa the suicide rate of blacks was approximately half that of whites (Burrows, 2007).

Table 15.2. Racial differences in suicide per 100,000

	Country	Year	Black	Colored	South Asian	Amer-indian	White	
1	S. Africa	1984	3.0	4.6	9.9	-	18.4	
2	USA	1850	1.0	-	-	-	2.4	
3	USA	1980	6.1	-	-	13.3	13.2	
4	Zambia	1967-71	6.2	-	-	-	20.8	

Anxiety has a significant heritability calculated at .54 from identical twins reared apart by Segal (2012, p.188). Putting this evidence together suggests that genetically based race differences in anxiety contribute to differences in poor fear conditioning and these contribute to differences in psychopathic personality.

4. Genetics of Psychopathic Personality

A number of studies have suggested that a genetic basis of psychopathic personality is a low level of the MAOA gene which produces the enzyme monoamine oxidase A. This was first identified by Bruner, Nelen, Breakfield, Ropers & van Oost (1993) in study of psychopathic men in an extended family the Netherlands, all of whom lacked the MAOA gene. This theory was supported by the discovery by Cases, Seif, Grimsby et al. (1995) that knocking out the MAOA gene in mice makes them highly aggressive. Further support for the theory came from the discovery by Caspi, McClay, Moffit et al (2002) that low levels of MAOA are associated with aggressive behavior in children, and from the discovery by Eisenbrger, Way,Taylor et al (2007) that low levels of MAOA are associated with aggressive behavior in men and women. These results have been further confirmed by Beaver and his colleagues who have shown that psychopathic personality is associated with the 2-repeat allele of the MAOA gene (Beaver, Wright, Boutwell, Barnes, DeLisi & Vaughn, 2013). This allele is present in 5.5 percent of black males and 0.1 percent of Caucasian males. In black males those possessing the allele had higher psychopathic scores, a significantly greater history of committing acts of serious violence and of being imprisoned. In further studies, Beaver, Wright, Boutwell et al. (2013) have shown that possession of the 2-repeat allele of the MAOA gene is associated with arrests, incarceration and lifetime psychopathic behavior, and Beaver, Barnes & Boutwell (2013) have shown. that possession of this allele confers an increased risk for young males for shooting and stabbing people. They reported that those with the 2-repeat allele had a 0.50 probability of having shot or stabbed someone during the last year, while for those without the 2-repeat allele the probability was 0.07. Thus, those with the allele had a 12.9 times greater probability of exhibiting this expression of psychopathic personality. They report that this is allele is carried by 5.2% of African Americans men, 0.1% of Caucasian men and 0.00067% of Asian men. Similar race differences have also been found by Reti, Xu, Yanofski, McKibben et al. (2011) who reported 4.7% of African Americans men, and 0.5% of Caucasian men carried the allele.

The possible contribution of the MAOA gene to race differnces in psychopathic personality is further suggested by the discovery by Lee & Chambers (2007) that the Maori of New Zealnd have substantially lower levels of the MAOA gene than Caucasians, consistent with their higher levels of psychopathic personality. In more recent work, the T allele of the MAOA gene has been identified with low activity and is higher among Africans (88%), intermediate in Europeans (71%) and lowest in East Asians (40%) (MAOA, 2014).

Chapter 16

The Evolution of Race Differences in Psychopathic Personality

In this final chapter we consider how the race differences in psychopathic personality evolved.

In 2002 I proposed that the cold winters and springs of Eurasia exerted selection pressures against psychopathic personality and for an enhancement of pro-social personality in the European and especially the Northeast Asian peoples. This theory has been endorsed and elaborated by Temper (2013) and Nyborg (2013) and is further elaborated here.

1. Selection Pressures for Pro-social Personality

It is proposed that the cold winters and springs of Eurasia exerted four selection pressures for an enhancement of pro-social personality and against psychopathic personality in the European and especially the Northeast Asian peoples. These were for the evolution of stronger male-female pair bonding, for an increased capacity to delay gratification, and for a greater need to maintain harmonious and co-operative social relations. We consider these in turn. First, the weakness of strong male-female pair-bonding based on love is a central component of the psychopathic personality. Male-female pair bonding based on love is not present in the non-human apes (Dunbar, 2010) and evolved in *Homo sapiens* but we have seen throughout this book it has evolved to different degrees in the races such that is weakly present in sub-Saharan Africans, and increasingly strongly present in South Asians, Europeans and Northeast Asians. To explain this, we follow Quinlan (2008) in believing that stronger male-female bonding based on love evolved as a result of the need for both parents to provide care for their children. This need was relatively weak as a selection pressure for male-female bonding in equatorial sub-Saharan Africa because in that benign climate women could feed their children throughout the year by gathering plant and insect foods with little or no help from men. Male-female bonding based on love evolved more strongly in the Caucasoids and even more strongly in the Northeast Asian Mongoloids because of the need for co-operation between parents for provisioning children to survive during the cold winters of Eurasia. Plant and insect foods were not available for much of the year, especially in the winter and spring. During these seasons, women and children needed men to provide them with meat foods that they obtained through hunting. These men would have been the fathers of their children and would have required long term commitment to provision their female mates and children and more responsible and concerned parenting, and they did this because they were strongly pair-bonded with their women partners in relationships based on love.

The second selection pressure exerted by cold winters and springs of Eurasia for an enhancement of pro-social personality would have been an increased capacity to delay gratification by collecting and storing food for future consumption. This point has been made by Ainslie (2013): "If we take the main challenge of climate to be cold, there is a simple hypothesis that makes this challenge a factor in both economic and cultural advance: A climate that is too cold to grow crops for part of the year demands foresight and self-control skills, which then serve as

resources for other development". While plant and insect foods were available throughout the year in sub-Saharan Africa and there was no need to store them, many foods in Eurasia were only available at certain times of the year and these had to be stored for the future. Plant foods were generally only available in the summer and fall, and some potential animal foods were only available at particular times. For instance, salmon enter rivers to spawn for a few weeks each year, during which large numbers can easily be killed and stored either by smoking or freezing. Some herd mammals such as reindeer migrate in large herds for a few weeks each year when they can be killed and stored for future consumption. To take advantage of these opportunities required foresight and co-operation between goup members.

The third selection pressure of cold winters and springs for an enhancement of pro-social personality would have been that as men became increasingly reliant on group hunting they had to develop a greater capacity for co-opertation, the maintenance of harmonious social relations and stronger control over aggression towards other men. Thus "large game hunting was a crucial resource and harvesting such game depended on co-operation and coordination among hunting parties" (Sterelny, 2013, p.88).

The fourth selection pressure of cold winters and springs for reduction of psychopathic personality would have been that effective co-operative hunting would have required a reduction of promiscuous sexuality, cheating and other forms of psychopathic behavior that disrupted harmonious and co-operative relations within groups of men. As Tomasello et al. (2012) have put it: "Human cognition and sociality thus became ever more collaborative and altruistic as human individuals became ever more interdependent". A variantof this thesis has been advanced by Wilson (2014) who argues in his book *Does Altruism Exist?* that altruism evolved as the result of group selection in populations that depended on co-operative hunting, i.e. the European and especially the Northeast Asian peoples in the northern latitudes.

All of the components of psychopathic personality would have been disadvantageous for survival during the cold winters and springs of Eurasia. The colder the winters and springs, the stronger the selection pressures would have been for an enhancement of pro-social personality and against psychopathic personality. The selection pressure against psychopathic personality would have been weakest on Australian aborigines and sub-Saharan Africans, a little stronger on Pacific Islanders, somewhat stronger on South Asians, North Africans and Native American Indians, still stronger on Europeans, and strongest on Northeast Asians who were exposed to successively harsher winters and springs and hence to increases in pro-social personality and reductions in psychopathic personality.

2. Reduction in Testosterone

The principal neuro-physiological adaptation by which a reduction in psychopathic personality

evolved most in the Caucasoid and Northeast Asian peoples was the reduction of the male hormone testosterone. Numerous studies reviewed by Siever & Kuluva (2012) have reported that there are high concentrations of testosterone present in those with psychopathic personality and that these are associated with aggressive behavior (Book, Starzyk & Quinsey, 2001; Brooks & Reddon, 1996; Dabbs, 2000) and with crime, deviance, homicide and attention deficit hyperactivity disorder (Gladue, 1991; Dabbs, 2000; Mazur & Booth, 2014; Sher, 2014, Tremblay et al., 1998), with early sexual intercourse in adolescent males and females (Halpern, Udry & Suchindran, 1997, 1998), with financial risk taking (Sapienza, (Maestripieri & Zingales, 2009), and with pathological gambling (Blanco, Ibanez, Blanco-Jerez & Baca-Garcia, 2001). For instance, a study of 4,462 male veterans found that those with high testosterone were more delinquent in childhood and criminal as adults, had more drug use, and more sexual partners (Dabbs & Morris, 1990). A study of 306 university students found that those with high testosterone were more aggressive (Harris, Rushton, Hampson & Jackson, 1996). A study of black boys aged 5-11 years with conduct disorders and of the same age without conduct disorders showed that those with conduct disorders had higher testosterone levels (Dabbs, 2000). It has also been shown that exposure to fetal testosterone is associated with self-reported measures of offending (Hoskin & Ellis, 2015).

Race differences in testosterone levels showing that these are higher in blacks than in whites have been reported in several studies. Ross, Bernstein, Judd, Pike & Henderson (1986) reported that testosterone levels were 19 percent higher in 50 black male college students than with matched whites. Ellis & Nyborg (1992) reported that testosterone levels were 3 percent higher in older blacks than in whites. It has been shown in a sample without prostate cancer that blacks in the United States had higher serum testosterone levels than whites (blacks: 424T 30ng/di, n= 126; whites: 380T 19ng/di, n= 126) (Kubricht, Williams, Whatley, Pinckard & Eastham, 1999). A study of race differences in salivary testosterone levels (pmol) has shown that these are highest in blacks in the Congo (259, n=33) than in Europeans in the United States (259, n=106) (Ellison, Bribiescas, Bentley & Campbell, 2002).

Evidence for race differences in testosterone levels are supported by differences in prostate cancer which is largely caused by high levels of testosterone and has a higher prevalence in blacks and a lower prevalence in Northeast Asians, than in whites (Polednak, 1989). The incidence and mortality rates for the major races are given in Table 16.1. Rows 1 and 2 show the incidence and mortality rates per 100,000 in the USA are highest in blacks followed by whites and Hispanics, and lowest in Asians. Row 3 gives age-adjusted incidence (new cases) per 100,000 for Koreans and whites in California 1988-92 showing a much lower rate in Koreans. Row 4 gives age-adjusted incidence for Chinese and Japanese, blacks and whites per 100,000 in the USA 1975-96 showing a much lower rate in the Northeast Asians and a higher incidence in blacks. Rows 5 and 6 show life

time risk and death rates in England 2008–2010 are lowest for Asians, intermediate in whites and highest in blacks.

Table 16.1. Race differences in prostate cancer

	Measure	Asians Northeast	Asians	Blacks	Hisp-anics	Whites	References
1	Incidence	-	91.3	220.3	106.7	153.5	Wingo et al., 1998
2	Mortality	-	11.1	66.0	16.6	24.1	Wingo et al., 1998
3	Incidence	17.2	-	-	-	101.0	Gomez et al., 2003
4	Incidence	33.5	-	137.0	-	101.0	Mosli, 2003
5	Lifetime risk	-	7.9	29.3	-	13.2	Lloyd et al., **2015**
6	Death	-	2.3	8.7	-	4.2	Lloyd et al., **2015**

One of the effects of the reduction of testosterone in South Asians, Europeans and Northeast Asians is that this delays their maturation. This has been shown for a number of characteristics. It has been shown that in Britain the age of voice breaking in boys at puberty is earliest in sub-Saharan Africans, later in South Asians and latest in Europeans (Piffer, 2011). Another of the effects of the reduction of testosterone in South Asians, Europeans and Northeast Asians was a reduction in penis size. This reduction was documented by Rushton (2000, pp.167-169) who presented data that penis length and diameter are greatest in Negroids, intermediate in Caucasoids (he did not distinguish between European and South Asian Caucasoids) and smallest in Mongoloids. He reported that the average erect penis is 4 to 5.5 inches in length and 1.25 inches in diameter among Mongoloids, 5.5 to 6 inches in length and 1.5 inches in diameter among Caucasoids, and 6.25 to 8 inches in length and 2 inches in diameter among Negroids (Rushton & Bogaert, 1987). He reported that in the United States, penises are longer among blacks than among whites (16.36 cm and 15.62 cm respectively) and that standard 52 mm condoms can fit most Caucasoids but are often too small for Negroids and too large for Mongoloids (Rushton, 2000, p.167).

Rushton was not the first to note these race differences in penis length and diameter. The greater penis length of Negroids than of Caucasoids appears to have been first noted in the first century AD by the Greek physician Galen (AD 130-201) (Lewis, 1990). This was also observed in the Middle East in mediaeval times and was noted in the *One Thousand and One Nights*, the collection of stories of largely ninth century Persian origin and translated in the 19th century by the British Arabist Richard Burton (1885). Several of the stories are about Persian wives who obtain sexual satisfaction with black slaves because these gave greater pleasure on account of the larger size of their penises. Similar accounts appear in ancient Jewish and Greco-Roman sources (Goldenberg, 2003, pp. 190, 369-370 n. 48-51; Thompson, 1989, pp. 6, 107, 210 n. 85). In a more extensive analysis of data on penis length in 113 countries I have shown that mean length in 18 sub-Saharan Negroid countries is 16.07cm, in 63 Caucasoid countries is 14.36cm, and in 7 Mongoloid counties

is 10.66cm (Lynn, 2013a).

The theoretical explanation of these race differences in testosterone is that the colder environments of Eurasia selected for populations in which males were more co-operative and less aggressive. This was achieved by a reduction in testosterone and this had the effect of reducing penis length and girth, evidence for which is given by Widodsky & Greene (1940).

3. Co-evolution of Race Differences in Psychopathic Personality and Intelligence

There is a negative relationship across races in psychopathic personality and the differences in intelligence such that the races with higher intelligence have lower psychopathic personality This negative association is shown in Table 16.2 which gives the race differences in psychopathic personality given in Table 14.4 and the differences in intelligence documented in Lynn (2006, 2015). It will be seen that the Australian Aborigines have the highest rate of psychopathic personality and the lowest intelligence, followed by the sub-Saharan Africans with the second highest rate of psychopathic personality and the second lowest intelligence. New Zealand Maori, Native Americans and South Asians come intermediate on both measures, while Europeans and fibally Northeast Asians and have the lowest rates of psychopathic personality and the highest intelligence.

Table 16.2. Race differences in intelligence and psychopathic personality (PP)

Race differences in IQ and rates of crime (odds ratios, Europeans set at 1.0)

Race	IQ	PP
Australian Aborigines	62	16.0
Sub-Saharan Africans	70	7.5
New Zealand Maori	84	5.9
Native Americans -USA	86	2.2
South Asians – Britain	92	1.0
Europeans	100	1.0
Northeast Asians – Britain	105	0.7

The explanation for this negative relationship between race differences in psychopathic personality and intelligence is that these both evolved as adaptations to the environmental conditions in which the races evolved. As explained above, these consisted of the severity of the winter and spring that required reductions in psychopathic personality and greater intelligence for survival. The Northeast Asians were exposed to the most severe winters and springs and hence evolved the lowest psychopathic personality and the highest intelligence, followed successively by the Europeans, North Africans and South Asians, New Zealand Maori, sub-Saharan Africans, and

Australian Aborigines, resulting in the negative relation between psychopathic personality disorder and intelligence across the major races.

This does not imply that psychopathic personality disorder and intelligence are associated at the level of individuals for which the evidence is inconclusive. The race differences in psychopathic personality and intelligence evolved through different processes. The differences in psychopathic personality evolved through a reduction in testosterone in the Caucasoids and Mongoloids, as noted above, while the differences in intelligence evolved through improvements in neurological processing and increases in brain size documented in Lynn (2006, 2016).

4. Contributions of Intelligence and Psychopathic Personality to Social Pathologies

We began this study by noting that Herrnstein & Murray ((1994) in their book *The Bell Curve* raised the problem that while differences in intelligence can explain some portion of the differences between blacks, Hispanics and whites in the United States in a number of important social pathologies including crime, unemployment, poverty, illegitimacy, welfare dependence, low rates of marriage and low birth weight babies, differences in intelligence cannot explain the totality of these differences. They showed that when blacks, Hispanics and whites are matched for intelligence and age, the differences in these social pathologies were reduced but they were not entirely removed. Herrnstein and Murray's analysis of this problem is summarized in Table 16.3. This sets out for a number of these social pathologies the percentages of blacks, Hispanics and whites showing the characteristic, followed by the percentages of the three groups showing the characteristic when they are matched for the same age of 29 years and the same IQ of 100.

Table 16.3. Racial and ethnic differences before and after matching for age and IQ (percentages)

Measure	Blacks	Hispanics	Whites
Crime	13	6	2
Crime: matched for IQ	5	3	1
Marriage	54	76	78
Marriage: matched for IQ	58	75	79
Unemployment	21	14	10
Unemployment: matched for IQ	15	11	11
Illegitimacy	21	14	10
Illegitimacy: matched for IQ	15	11	11
Poverty	26	18	7
Poverty: matched for IQ	9	11	6
Welfare	49	30	13
Welfare: matched for IQ	30	15	12
Low birthweight babies	10	5	3
Low birthweight babies: matched for IQ	6	5	3

It will be seen that for all of the social pathologies matching the racial and ethnic groups for age

and IQ reduces the disparities to some degree but in no case is the disparity eliminated. One of the objectives of this monograph has been to examine whether the additional factor that Herrnstein and Murray were looking for to explain the residual disparities consists of the racial and ethnic differences in psychopathic personality. The first three of the pathologies set out in Table 16.3, consisting of rates of crime, marriage and unemployment, have already been considered as expressions of psychopathic personality. We see from the data set out in the table that when blacks and Hispanics are matched with whites for age and IQ, differences in crime rates are considerably reduced but remain substantial with black rates still 250 per cent greater than white and Hispanic rates 150 per cent greater than white. For rates of marriage, matching for age and IQ makes very little difference to the differences between blacks, Hispanics and whites. We can conclude that the differences in marriage rates are almost entirely a function of differences in psychopathic personality. For male unemployment, matching for age and IQ reduces the differences between blacks and whites substantially but blacks still have unemployment rates 36 per cent greater than whites. With regard to Hispanics, however, matching for age and IQ eliminates the difference from whites.

The remaining four variables in Table 16.3 can be regarded as secondary effects of racial and ethnic differences in psychopathic personality. For women's illegitimacy rates, matching blacks to whites for age and IQ reduces illegitimacy rates only a little and the illegitimacy rate of blacks remains approximately five times greater than that of whites. With regard to Hispanics, matching with whites produces a greater reduction in illegitimacy rates but they remain substantially greater than those of whites. These residual racial and ethnic differences in women's illegitimacy rates can be understood as partly determined by differences in psychopathic personality, which contribute to an early onset of sexual activity and the non-use of contraception, which in turn contribute to illegitimacy rates. With regard to women on welfare, we see that matching for age and IQ reduces the black–white difference by 50 per cent and the Hispanic-white difference by 84 per cent. The residual differences can be understood as partly determined by differences in psychopathic personality producing higher rates of illegitimate children and single motherhood among blacks and Hispanics, which is a major factor responsible for becoming dependent on welfare.

With regard to poverty, matching for age and IQ reduces the black–white difference by 77 percent and the Hispanic–white difference by 74 percent. Nevertheless the poverty rate of blacks remains 50 per cent above that of whites and that of Hispanics remains a little greater. Poverty rates are to some degree determined by differences in unemployment, participation in the labor force and numbers of illegitimate children, which are themselves partially determined by differences in psychopathic personality.

The final variable in Table 16.3 consists of low birth weight babies defined as those weighing

less than 5.5 pounds at birth. Matching for age and IQ reduces the black–white disparity by a little more than half but has no effect on the Hispanic–white disparity. After this matching, blacks continue to have twice as many low birth weight babies as whites while Hispanics have two thirds more than whites. These residual differences are likely to be due, to some degree, to black and Hispanic women behaving less responsibly during pregnancy because of poor nutrition, alcohol and drug abuse and can be interpreted as secondary effects of differences in psychopathic personality.

When we look at the general pattern of the data set out in Table 16.3, we note that after matching for age and IQ, Hispanics fall between whites and blacks for all the social pathologies except for poverty. This pattern is consistent with the racial and ethnic differences in psychopathic personality for which we have seen Hispanics generally fall between whites and blacks. This strengthens the case that the residual group differences in these social pathologies are understandable in terms of differences in psychopathic personality. The exception of the greater rate of poverty for Hispanics than for blacks is probably largely due to their greater average numbers of children. Our final conclusion is therefore that differences in intelligence and in psychopathic personality make independent contributions of about the same magnitude to the racial and ethnic differences in the social pathologies documented by Herrnstein and Murray.

Appendix 1 Race differences in homicide per 100,000, early twenty-first century

Countries	Homi-cide	Countries	Homi-cide	Countries	Homi-cide		
Europe		**South Asia/ North African**		**North East Asia**			
Andora	4	Armenia	4	China	1		
Argentina	16	Bahrain	1	Hong Kong	1		
Austria	2	Bangladesh	2	Japan	1		
Belarus	10	Burma (Myanmar)	3	Korea: South	2		
Belgium	13	Israel	2	Singapore	1		
Bulgaria	8	Jordan	7	Mean	1.2		
Chile	6	Kuwait	2				
Croatia	7	Lebanon	4	**Central Asia**			
Cyprus	3	Maldives	1	Kazakhstan	16		
Czech Rep	3	Mauritius	3	Azerbaijan	8		
Denmark	3	Nepal	2	Uzbekistan	5		
Estonia	21	Oman	1	Mongolia	19		

Finland	1	Qatar	2	Mean	12.0		
France	4	Saudi Arabia	1				
Georgia	8	Sri Lanka	10	**Latin America**			
Germany	5	Syria	1	Belize	24		
Greece	3	Turkey	3	Colombia	66		
Hungary	4	Tunisia	1	Ecuador	23		
Ireland	2	UAE	1	Guyana	18		
Latvia	12	Mean	2.7	Honduras	60		
Lithuania	13			Panama	17		
Luxemburg	1	**South East Asia**		Paraguay	15		
Macedonia	4	Brunei	2	Venezuela	23		
Malta	2	Indonesia	1	Mean	30.1		
Moldova	10	Malaysia	2				
Netherlands	21	Thailand	8	**Sub-Saharan African**			
New Zealand	3	Vietnam	2	Angola	11		
Norway	3	Mean	3.0	Benin	4		
Poland	3			Botswana	14		
Portugal	4	**Caribbean**		Burkina Faso	1		
Romania	**5**	Antigua	5	Côte d´Ivoire	3		
Russia	21	Barbados	6	Ethiopia	16		
Slovakia	2	Bahamas	14	Gambia	1		
Slovenia	5	Bermuda	14	Ghana	2		
Spain	2	Dominica	8	Madagascar	2		
Sweden	10	Dominican Rep	14	Malawi	3		
Switzerland	3	Grenada	8	Mauritania	1		
Ukraine	9	Jamaica	31	Namibia	62		
U. Kingdom	8	Saint Kitts	9	Niger	1		
United States	8	Trinidad	12	South Africa	92		
Mean	6.9	Mean	13.4	Swaziland	61		
				Tanzania	8		
Pacific Islands				Uganda	9		
Fiji	11			Zambia	11		
Samoa	8			Zimbabwe	12		

Mean	9.5			Mean	16.5		

Appendix 2 Race differences in corruption (CPI), 2012

Countries	CPI	Countries	CPI	Countries	CPI		
Europe		**Sub-Saharan African**		**South Asia/ North African**			
Albania	33	Angola	22	Algeria	34		
Argentina	36	Benin	36	Armenia	34		
Australia	85	Botswana	65	Bahrain	51		
Austria	69	Burkina Faso	38	Bangladesh	26		
Belarus	31	Burundi	19	Bhutan	63		
Belgium	75	Cameroon	26	Burma (Myanmar)	15		
Bosnia	42	Cent African Rep	26	Egypt	32		
Bulgaria	41	Chad	19	Jordan	48		
Canada	84	Congo Braz	26	India	36		
Chile	72	Congo Zaire	21	Iran	28		
Costa Rica	59	Côte d´Ivoire	39	Iraq	18		
Croatia	46	Djibouti	36	Israel	60		
Cuba	48	Equatorial Guinea	30	Kuwait	44		
Cyprus	66	Eritrea	25	Lebanon	30		
Czech Rep	49	Ethiopia	33	Libya	21		
Denmark	90	Gabon	36	Mauritius	57		
Estonia	64	Gambia	34	Nepal	27		
Finland	90	Ghana	45	Oman	47		
France	71	Guinea	24	Pakistan	27		
Georgia	52	Guinea Bissau	25	Qatar	68		
Germany	79	Kenya	27	Saudi Arabia	44		
Greece	36	Lesotho	45	Sri Lanka	40		
Hungary	55	Liberia	41	Sudan	13		
Ireland	69	Madagascar	32	Syria	26		

Kosova	34	Malawi	37	Tunisia	41		
Latvia	49	Mali	34	Turkey	49		
Lithuania	54	Mauritania	31	UAE	68		
Luxemburg	89	Mozambique	31	Yemen	23		
Macedonia	43	Namibia	48	Mean (28)	38.2		
Malta	57	Niger	33				
Moldova	36	Nigeria	27	**Caribbean**			
Montenegro	41	Rwanda	53	Barbados	76		
Netherlands	84	Senegal	36	Bahamas	71		
New Zealand	90	Sierra Leone	31	Dominica	58		
Norway	85	Somalia	8	Dominican Rep	32		
Poland	58	South Africa	43	Haiti	19		
Portugal	63	Swaziland	37	Jamaica	38		
Puerto Rico	63	Tanzania	35	Saint Lucia	71		
Romania	**44**	Togo	30	Saint Vincent	62		
Russia	28	Uganda	39	Trinidad	39		
Serbia	39	Zambia	37	Mean (9)	52.0		
Slovakia	46	Zimbabwe	20				
Slovenia	61	Mean (42)	32.4	**Central Asia**			
Spain	65			Azerbaijan	28		
Sweden	88	**South East Asia**		Kazakhstan	28		
Switzerland	86	Brunei	55	Kyrgyzstan	24		
Ukraine	26	Indonesia	32	Mongolia	36		
U. Kingdom	74	Laos	31	Tajikistan	22		
United States	73	Malaysia	49	Turkmenistan	17		
Uruguay	72	Thailand	37	Uzbekistan	17		
Mean (50)	63.6	Vietnam	31	Mean (7)	24.7		
		Mean (6)	39.1				
North East Asia				**Pacific Islands**			
China	39			Papua N.Guinea	25		
Hong Kong	77			Philippines	34		
Japan	74			Sao Tome	42		

Korea: South	56			Timor Leste	33		
Korea: North	8			Mean	33.5		
Singapore	87						
Taiwan	61						
Mean (7)	57.4						

Appendix 3. Race differences in Minkov's (2014) K factor

Countries	K	Countries	K	Countries	K		
Europe		**Sub-Saharan Africa**		**South Asia/ North African**			
Albania	15	Burkina Faso	-105	Algeria	-120		
Andora	-41	Ethiopia	64	Bangladesh	92		
Argentina	-73	Ghana	-219	Egypt	-87		
Australia	-31	Mali	-43	India	58		
Belarus	47	Nigeria	-238	Iran	72		
Bosnia	1	Rwanda	-187	Iraq	-82		
Bulgaria	68	South Africa	-34	Jordan	-124		
Canada	-32	Uganda	-96	Kyrgyzstan	31		
Cyprus	17	Zambia	-125	Morocco	20		
Finland	1	Zimbabwe	-190	Pakistan	4		
France	-2	Mean	-117	Saudi Arabia	-79		
Georgia	49			Turkey	-7		
Germany	111	**South East Asia**		Mean	-20		
Italy	86	Indonesia	58				
Moldova	110	Malaysia	125	**Caribbean/ Latin America**			
Netherlands	83	Thailand	32	Brazil	-68		
New Zealand	-13	Philippines	44	Chile	-21		
Norway	23	Vietnam	135	Colombia	13		
Poland	52	Mean	79	Guatemala	-13		

Romania	94			Mexico	-27		
Russia	78	**North East Asia**		Peru	-112		
Serbia	-3	China	195	Puerto Rico	-52		
Slovenia	71	Japan	180	Trinidad	-94		
Spain	-70	Korea: South	271	Venezuela	1		
Sweden	72	Singapore	77	Mean	-41		
Switzerland	2	Taiwan	241				
Ukraine	-33	Mean	193				
U. Kingdom	-91						
United States	-13						
Uruguay	-44						
Mean	18						

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